

# IDAHO DEPARTMENT OF INSURANCE REGISTRATION

AUTHORITY TO ACT UNDER **AGENCY** LICENSE

Date: \_\_\_\_\_

Name of Producer: \_\_\_\_\_

Idaho License Number: \_\_\_\_\_

This producer should be listed as the DRLP for our agency

Lines of Authority to be Registered:

- |                                 |  |   |                                   |
|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Life   | <input type="checkbox"/> Disability (Health) | <input type="checkbox"/> Casualty       | <input type="checkbox"/> Property |
| <input type="checkbox"/> Surety | <input type="checkbox"/> Variable            | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Credit   |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Other: _____        |   |                                   |

***Notice is hereby given that the above listed individual is authorized to act under our agency license for the lines of authority indicated above.***

Effective Date: \_\_\_\_\_ (\*cannot be backdated more than 15 days)

Agency Name: \_\_\_\_\_

Idaho License #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name/Title

**NOTE:**

1. This request must be signed by an officer of the agency/firm.
2. Please click on SUBMIT below when complete or email the form to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)
3. For confirmation of this transaction, please consult our website to view your agency record at [www.doi.idaho.gov](http://www.doi.idaho.gov). Allow a minimum of 24 hours for processing.
4. \*Registrations cannot be backdated more than 15 from date Idaho Dept. of Insurance receives the request. They also cannot be backdated prior to license issue/active date.

In case we have questions, please provide a contact name, email, and phone below:

Contact name \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**SUBMIT**