

IDAHO DEPARTMENT OF INSURANCE

RENEWAL OF TPA LICENSE # _____

NAME OF AGENCY: _____

ADDRESS: _____

CONTACT: _____

Phone: _____ Fax: _____

Email: _____

Your TPA license expires at midnight on December 31st. Follow these instructions to renew this license:

- If paying on or **before December 31st**, pay **\$80.00** for the two-year renewal.
- If paying **after December 31st**, up to **January 31st**, the fee is **\$160.00**.

If you fail to meet either of the above deadlines, your license will lapse and a new application with all supporting documentation and a \$300 application fee must be submitted.

I attest that this license is in good standing in the domicile state and that all administrative actions and criminal prosecutions have been timely reported to the Idaho Department of Insurance, as required by Idaho Code §41-916.

_____ Title _____
(Signature of officer)

(Print name of officer)

Forward with appropriate fees to:

Idaho Department of Insurance
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Phone: 208-334-4250
Fax: 208-334-4398
email: agent@doi.idaho.gov

Please contact the Idaho Department of Insurance if you have any questions regarding this form or the renewal process: agent@doi.idaho.gov .