BRAD LITTLE Governor 700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone 208-334-4250 Fax 208-334-4398 Website: https://doi.idaho.gov DEAN L. CAMERON Director

APPOINTMENT OF TITLE INSURANCE AGENT AND/OR ESCROW OFFICER

TO: DEPARTMENT OF INSURANCE STATE OF IDAHO PO BOX 83720 BOISE, IDAHO 83720-0043

Notice is hereby given that (individual's full name)

(title/position) ______ is to be added to our Title Insurance Agent license(s) as an individual authorized to act under the license. I certify that this individual has the necessary instruction and experience in the field of title examinations, title insurance, and/or escrow services to competently perform the duties of this position.

This appointment is effective:

Name of Title Insurance Agent:		
License Number:	County:	
License Number:	County:	
License Number:	County:	
Signature of Officer or Authorized Individual:		
Printed Name:		

The completed form may be printed and mailed to the Department of Insurance at the above address, or you may submit by clicking SUBMIT below or email to <u>title@doi.idaho.gov</u>