

**UPDATE/CHANGE FORM OF DESIGNATED RESPONSIBLE PERSON
(FOR PORTABLE ELECTRONICS LICENSE TYPE ONLY)**

Date: _____ License Number: _____ FEIN #: _____

Agency Name: _____

Signature: _____

(officer or responsible person may sign this form)

CHANGE our designated responsible person

UPDATE personal information for our designated responsible person

Name: _____

Business Address: _____

Mailing Address: _____

Residential Address: _____

Business Phone: _____

Email Address: _____

Submit completed form to the Idaho Department of Insurance

Email: agent@doi.idaho.gov Fax: 208-334-4398