

**REQUEST FOR VOLUNTARY SURRENDER OF IDAHO LICENSE**  
**FOR REASONS OF RETIREMENT**

Name: \_\_\_\_\_ License Number/NPN: \_\_\_\_\_

Please process my request to Voluntarily Surrender my insurance license from the State of Idaho. The effective date will be the date this form is received by the State. Please send confirmation to:

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

In the event of any questions regarding this request, please provide a phone number.

Phone: \_\_\_\_\_

Please Initial that you have read and agree to each statement below:

\_\_\_\_\_ I have read and understand the recommendation to allow my license to lapse and agree to the terms of a voluntary surrender. The terms include: my expiration date becomes the date of my voluntary surrender and should I wish to reactivate my license within 365 days past that date, I will be required to pay a reinstatement fee to reactivate.

\_\_\_\_\_ I am the person holding/responsible for the license number referenced above, issued by the Idaho Department of Insurance, and guarantee not to circulate or represent that this is a valid, active license. I hereby declare that I consider said license to be void and of no effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_  
Signature of Licensee

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

Please fax this completed form to **208-334-4398** or email to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov) for processing.