

REQUEST FOR VOLUNTARY SURRENDER OF IDAHO LICENSE

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 for processing.