

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208)334-4250  
FAX # (208)334-4398

**APPOINTMENT OF TITLE INSURANCE AGENT/ESCROW OFFICER**

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

Notice is hereby given that \_\_\_\_\_  
title or position \_\_\_\_\_ is to be added to our  
Title Insurance Agents license 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 and title insurance to competently perform the duties of this position.

This appointment is effective \_\_\_\_\_  
Month/Day/Year

Name of Title Insurance Agent \_\_\_\_\_

License # \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Name and Title of Officer (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:**

1. This request must be signed by an officer of the agency.
2. Provide additional bond, if required.
3. To receive **confirmation**, the form must be submitted in **duplicate** and a return envelope enclosed.