REINSTATEMENT FORM FOR NON-RESIDENT INDIVIDUAL

Date:_____License Number:_____Soc. Sec #:_____

Name:_____

Signature:_____

PLEASE REINSTATE MY LICENSE. BELOW IS MY CURRENT ADDRESS INFORMATION.

Residence Address: _____
(Apartment # if applicable)

_____

Residence Phone # _____

Business Name: _____

Business Address: _____
(*Please include suite number if applicable*) _____

Business Phone # _____Ext._____Toll Free #_____

Fax Number: _____

E-Mail Address _____

Mailing Address: _____
(*If PO Box, indicate if business* ☐ *or personal* ☐) _____

PLEASE COMPLETE THE ENTIRE FORM EVEN IF ADDRESS HAS NOT CHANGED IN ALL AREAS

Please attach a check or money order in the amount of $160, made payable to: **IDAHO DEPARTMENT OF INSURANCE**. Mail to address below. Please contact us if you have any questions, 208-334-4250**.** **NOTE**: You may not reinstate after 1 year from your expiration date. You must reapply.

Mail to: **Idaho Department of Insurance**
700 W State St Fl 3
PO Box 83720
Boise ID 83720-0043

Phone: 208-334-4250 **Fax: 208-334-4398** **Contact: agent@doi.idaho.gov**
www.doi.idaho.gov

INS-LIC-REINSTATE (2/07)

Equal Opportunity Employer