

REACTIVATION FORM FOR INDIVIDUAL

Date: _____ License Number: _____ Soc. Sec #: _____

Name: _____

Signature: _____

PLEASE REACTIVATE MY LICENSE. BELOW IS MY CURRENT ADDRESS INFORMATION. I UNDERSTAND YOU WILL CHECK PDB FOR MY CURRENT RESIDENT LICENSE INFORMATION (if reactivating as non-resident from former resident status.) NOTE: you may not reactivate as a resident from non-resident status using this form. Please contact agent@doi.idaho.gov for instructions and forms for this type of transaction.

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)

Mail completed forms to address below. There is no fee for this transaction if there is time left on your license before expiration. Please contact us if you have any questions, 208-334-4250. **NOTE: If your license has expired, you will need to use the REINSTATEMENT FORM and pay the applicable fees.** This transaction may result in a new license number but the expiration date will remain the same. Please contact your carriers to reactivate your appointments when you receive the license copy.

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
www.doi.idaho.gov

Contact: agent@doi.idaho.gov