State of Idaho
DEPARTMENT OF INSURANCE
C.L. "BUTCH" OTTER
Governor
700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone (208)334-4250
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WILLIAM W. DEAL
Director

REQUEST FOR INACTIVE LICENSE STATUS

I, _____, holding Idaho resident producer insurance license #_____, do hereby request that my license be placed on inactive status according to the provision of Idaho Code section 41-1028 for the following reason: _____

_____

I certify that if granted an inactive license status I will no longer transact the business of insurance in this state or engage in any other insurance activities in which an active licensee may engage.

_____ _____
Signature Date

STATE OF IDAHO)
) ss
County of _____)

On this _____ day of _____, before me a Notary Public, personally appeared _____, who, being by me first duly sworn, declared that he/she is the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

Notary Public for Idaho
Residing at _____, Idaho
My commission expires: _____