

State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
Governor

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WILLIAM W. DEAL
Director

PETITION FOR REVERSAL OF INACTIVE STATUS

I, _____

do hereby request that my license be reactivated. I understand that I must have completed 20 hours of continuing education within the past 12 months or retest for the lines I wish to reinstate. I have met this requirement as evidenced by the attached certificates of completion or original test scores.

Signature _____