## State of Idaho DEPARTMENT OF INSURANCE

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

## **AFFIDAVIT - LOSS OF LICENSE**

TO THE DIRECTOR OF INSURANCE:

Name

Street Address City State Zip Code

STATES THAT he/she is the person holding or responsible for or involved in the safekeeping of license no. \_\_\_\_\_\_, issued by the Department of Insurance, and that said license has been lost, stolen, or destroyed. The facts concerning such loss, theft, or destruction are as follows:

I HEREBY DECLARE that I consider the said license to be void and of no effect; and in the event same shall be found, I agree to forward said license to the Department of Insurance, State of Idaho, in Boise, Idaho.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) In and for the state of \_\_\_\_\_\_ Residing at

My commission expires