

The undersigned individual being an authorized agent of the _____ (insurance company or agency), hereby requests security access to enable online filing of SR-22 and SR-26 information with the Idaho Transportation Department (ITD). It is understood that the insurance company or agency will be responsible for the confidentiality of security access codes, will notify the department of any changes to the information or authorized user list and will be responsible for any erroneous information entered or submitted. The insurance company or agency shall retain vehicle description or appropriate reference to all motor vehicles covered under policies and when requested shall provide that information to the department.

Please complete the information below to request authorization to access send SR22s and SR26s via the Internet.

Mailing Insurance Company Name _____
 Address Attention _____ Title _____
 Address _____
 City/State/Zip _____
 Telephone _____ Ext _____ Fax _____
 Insurance Company NAIC Code _____

Name(s) to be included on the subscription

Name/User Name*	E-Mail Address	OFFICE USE ONLY User Name
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	

* If your company is an Access Idaho subscriber please list the User Name previously assigned.

Authorized Insurance Company Signature _____ Title _____ Date _____

This form is to be printed on company letterhead, completed, signed, and mailed to the Idaho Transportation Department, Attention: Star Unit, PO Box 7129, Boise, ID 83707-1129.

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