

**IDAHO BOARD OF MORTICIANS**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Bldg #4, Boise ID 83714 or**  
**PO Box 83720, Boise ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [mor@dopl.idaho.gov](mailto:mor@dopl.idaho.gov)**

**REQUEST TO MAKE LICENSE INACTIVE**

**Please include the \$40.00 inactive fee with this form.**

I hereby request my license(s) number(s) \_\_\_\_\_ be placed on inactive status.

By choosing this option, I understand I may reactivate my license(s) by paying the difference between the inactive fee and the full licensure renewal fee and submitting verification of continuing education and compliance with any other requirements of Idaho laws and rules. I understand that to retain my inactive license, I must renew my inactive license annually as provided in the Board's rules.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant