

Idaho Industrial Commission  
Employer Compliance Department  
P.O. Box 83720  
Boise, ID 83720-0041  
[suretyrequest@iic.idaho.gov](mailto:suretyrequest@iic.idaho.gov)  
**RESPONSE REQUIRED**

**1. Please list the name and address of the employer.**

- a) Name \_\_\_\_\_
- b) Physical Address \_\_\_\_\_
- c) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- d) Phone number \_\_\_\_\_ Email Address \_\_\_\_\_
- e) If your business is covered under another name, please indicate \_\_\_\_\_

**2. Please indicate the type of work your workers will be doing in the State of Idaho:**

**TEMPORARY**

(Less than 180 consecutive days working in the State of Idaho.)

**INTERMITTENT**

(Work begins and ends in your home state and less than 50% of total work time is in the State of Idaho.)

**3. For intermittent work:**

- a) Indicate % of work week spent in Idaho \_\_\_\_\_
- b) Nature of intermittent work in Idaho \_\_\_\_\_

**4. Provide the expected start and end dates of the work being performed in Idaho.**

- a) Expected Start Date \_\_\_\_\_ Expected End Date \_\_\_\_\_

**5. Please list the number of employees working in Idaho, their state of domicile, and description of work they are performing.**

- a) Number of employees \_\_\_\_\_ State of domicile \_\_\_\_\_
- b) Description of work being performed \_\_\_\_\_

**6. Location where the employer will be using employees. Attach additional sheets as needed.**

- a) Physical Address \_\_\_\_\_
- b) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Position** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Reference IC:**