FINGERPRINTING FOR OUT-OF-STATE CANDIDATES

Candidates who **reside 100 miles or more from a PSI center in Idaho or who live outside of the state of Idaho** and who are required to be fingerprinted in order to be issued a resident license in the state of Idaho MUST utilize the following process. (NOTE: if you reside within the state of Idaho and less than 100 miles from a PSI site, you MUST be fingerprinted at one of the PSI Test Centers):

1. Fingerprints must be taken by a qualified law enforcement agency (police or sheriff's office) or other entity that provides fingerprinting services. These fingerprint cards may be either the traditional ink rolled fingerprints or electronically captured and printed fingerprint cards. You may want to call ahead to determine the hours of operation as well as if there are any fees associated with this service.

2. Fingerprints MUST be submitted on FBI applicant cards (FD-258). Most law enforcement agencies will provide this card as a part of the service. If the law enforcement agency is unable to provide the FBI applicant card, you may obtain one by contacting the Idaho Department of Insurance at agent@doi.idaho.gov.

3. Ensure that all required fields on the top portion of the card are completed in black ink (NOTE: missing or incomplete information will cause a delay in completion of the background screening). The specific fields that MUST be completed in their entirety are:
    a. Signature: This must be your legal signature
    b. Residence: Your complete home address including house number, street name, apartment or unit number, city, state and zip code.
    c. Employer and Address: This is only if you are employed, otherwise leave blank.
    d. Legal Last Name
    e. Legal First Name (this should be your name as it appears on your birth certificate)
    f. Legal Middle Name
    g. Aliases: This is only required if you have used an alias such as a maiden name or a married name.
    h. ORI number: **ID001025Y**
    i. Reason fingerprinted: **IdC 41-1011-Insurance License**
    j. Citizenship Country
    k. Date of birth: Month (two digits)

01 = January	07 = July
02 = February	08 = August
03 = March	09 = September
04 = April	10 = October
05 = May	11 = November
06 = June	12 = December

    Day of Birth (two digits)
    Year of Birth (four digits) e.g., 1980
    l. Sex - Acceptable codes are:
        F = Female
        M = Male
        X = Unknown
    m. Race - Acceptable codes are:
        A = Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands)
        B = Black (a person having origins in any of the black racial groups of Africa)
        I = American Indian or Alaskan Native (American Indian, Eskimo, or Alaskan Native)
        U = Unknown (of indeterminable race)
        W = White (a person having origins in any of the original peoples of Europe, North Africa, or Middle East)
        **Records for Hispanics should be entered with the race code most closely representing the individual.*
    n. Height (3 digits) e.g., five foot five inches translates to 505 or four feet eleven inches translates to 411
    o. Weight (rounded, do not list ounces) e.g., 150
    p. Eye color - Acceptable codes are:
        BLK = Black
        GRN = Green
        BLU = Blue
        HAZ = Hazel

BRO = Brown
MAR = Maroon
GRY = Gray
PNK = Pink
MUL = Multicolored
XXX = Unknown

q. Hair color - Acceptable codes are:
BLD = Bald
ONG = Orange
BLK = Black
PLE = Purple
BLN = Blonde (or strawberry)
PNK = Pink
BLU = Blue
RED = Red (or auburn)
BRO = Brown
SDY = Sandy
GRN = Green
WHI = White
GRY = Gray (or partially gray)
XXX = Unknown or completely Bald
(Also enter BALD in the scars, marks, tattoos, and other characteristics Field (SMT))

r. Place of Birth = state or country only

4. Once the fingerprint card has been completed in its entirety, please remit with a $70.00 processing fee (personal checks are not accepted, must be in the form of a money order or cashier's check payable to PSI Services, LLC). Be sure to include the *Request and Release* and *ISP CHRI* documents (found at the end of the Candidate Information Bulletin):

PSI Services LLC
ID Insurance Fingerprinting
3210 E. Tropicana Ave.
Las Vegas, NV 89121

Your prints may take up to 6 weeks to process.

State of Idaho
DEPARTMENT OF INSURANCE

C.L. "BUTCH" OTTER
Governor

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

WILLIAM W. DEAL
Director

Request and Release - CHRI

I, the undersigned, in connection with my application for licensure by the Idaho Department of Insurance, have submitted a set of my fingerprints for the purpose of accessing and reviewing Idaho and national criminal history records that may pertain to me. In the event that any information contained therein is considered by the Department of Insurance as grounds for denial of my license application, I hereby authorize and request the Department of Insurance to send a copy of my criminal history report containing criminal history record information (CHRI) to me at the address below.

The Idaho Department of Insurance and any other entity, individual, or governmental agency providing information or records in accordance with this authorization is hereby released from any and all claims and liability for any and all damages or acts that may arise following any release permitted herein, and I agree to hold harmless the State of Idaho and all employees or agents thereof.

I further acknowledge that I have been provided with a copy of the FBI Privacy Act Notice.

Please print:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By: _____ _____
(signature) (date)

Please forward this signed request to the Department of Insurance by mail, by fax to 208-334-4398, or by email to agent@doi.idaho.gov. We must have this completed and signed document in our hands before releasing your criminal history report. Please contact us with any questions at the email address provided.

NOTE: This request must be completed and signed by the person identified in the criminal history report. The requested report may only be sent to the person identified in the report at the postal address provided above and will be sent via certified mail, which will require a signature in order to receive it. Alternatively, it can be picked up in person with this completed form and valid government-issued photo identification. We cannot send this report via email or fax.

(Request and Release – CHRI; last revised 05-2011)

Idaho State Police

Bureau of Criminal Identification

NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from **(Enter Agency Name Here)** that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)
If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.
http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do ☐ do not ☐ want a copy of the Privacy Act Statement.

_____ Signature of Applicant

_____ Date

700 S. Stratford Dr., Ste. 120
Meridian, ID 83642

Federal Bureau of Investigation
Privacy Act Notice

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form (FBI Applicant cards or FD-258) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoptive checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).