

NON-RESIDENT BAIL LICENSE FINGERPRINTING CHECKLIST

General Renewal Information:

- Keep this page and a copy of your fingerprint forms on file for future reference.
- Please start your fingerprinting process at least 6 weeks in advance to ensure enough time for return to be received by the Idaho DOI.
- No Bail license will be renewed before receiving return of fingerprints report.
- Please reference Bulletin 11-05 requiring Bail agents to fingerprint at renewal.
- For other licensing questions/maintenance, please refer to the Bail web pages.

Instructions:

1. Follow the instructions on pages 4-11 of this document **EXACTLY AS WRITTEN.**
2. Email the completed CHRI form (page 2 of this document) to agent@doi.idaho.gov.
3. Apply for your renewal via NIPR.

Questions? Please contact us at 208-334-4339 or agent@doi.idaho.gov.

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone 208-334-4250
Website: <https://doi.idaho.gov>

DEAN L. CAMERON
Director

Requested 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 assessing 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 to send a copy of my criminal history report containing criminal history record information

The Idaho Department of Insurance and any other entity, individual, or government agency providing information or records in accordance with the authorization is hereby released from any and all claims of 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 or 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.

Equal Opportunity Employer

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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 the timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licenses, 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 potential 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 Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s)

Hard Card Fingerprint FAQ

Where can I get my fingerprints taken?

If you are not having your fingerprints taken at a Pearson VUE location they must be taken by a qualified law enforcement agency (police or sheriffs office). You may want to call ahead to determine the hours of operation as well as if there are any fees associated with this service.

Where can I get a fingerprint card?

Fingerprint cards are typically supplied by the location doing the fingerprinting. Fingerprint cards may be either the traditional ink rolled fingerprints (FBI applicant cards (FD-258) or electronically captured and printed on fingerprint cards. If they do not provide the card one can be [printed here](#).

Why is Finger printing listed under Exams on the Pearson Vue site?

It is listed under Exams because you are reserving a spot for your fingerprints to be examined.

The only option I'm getting is for a testing center in Texas, is that right?

Yes, the 'Test Center' is in Texas.

You are not traveling to Texas.

You are not taking an exam in Texas.

You are not having your fingerprints taken in Texas

You ARE MAILING your fingerprints to Texas .

Is Pearson Vue taking my fingerprints at my appointment?

No. The appointment is for the day you will be **MAILING** the completed fingerprint card to Pearson Vue

Why do I have to make an appointment if they aren't taking my fingerprints?

The appointment to mail your card it is used to ensure your fingerprints are processed in a timely manner. It provides both you and Pearson Vue a way to track the progress of your fingerprints.

What do I do with the completed fingerprint card?

All fingerprint cards and the printed payment confirmation email need to be sent via USPS to:

Idaho Dept. of Insurance Fingerprints

OHTI

1125B Avenida High View Rd. Driftwood, TX 78619

Do not send the completed card to the Department of Insurance

Do not send the card before you have paid.

How much is the processing fee?

The processing fee is **\$65.25**. This must be paid on line **BEFORE** your fingerprint hard card is mailed in. Payment is accepted via credit or debit card on line via the [Pearson VUE on-line reservation tool](#).

How do I fill out the fingerprint card?

Please see the information on the following pages for instructions on completing the fingerprint card.

How long does it take for a hard card to get processed?

It typically takes between 1-2 weeks for the fingerprint card to be processed and the background report returned to the Department of Insurance

What do I do after I submit my fingerprints?

If you are following the "How to Apply" instructions provided by the Department of Insurance your next step will most likely be to apply on-line with [NIPR](#). For detailed instructions please refer to the "How to Apply" instructions for your [license type](#).

How to fill out fingerprint hard card

Black is the only acceptable color of ink for all required fields on the top portion of the card (NOTE: missing or incomplete information will cause a delay in completion of the background screening).

The following fields that **MUST** be completed in their entirety are:

RESIDENCE OF PERSON FINGERPRINTED: Your complete home address including house number, street name, apartment or unit number, city, state and zip code.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the official taking the fingerprints. The applicant **DOES NOT** sign here.

DATE: The date the fingerprints are taken.

SIGNATURE OF PERSON FINGERPRINTED: This must be your legal signature.

EMPLOYER AND ADDRESS: This is only if you are employed, otherwise leave blank.

REASON FINGERPRINTED: This is always **IDC 41-1011-Insurance License**.

LAST NAME NAM: Applicants legal last name.

FIRST NAME: This should be your name as it appears on your birth certificate.

MIDDLE NAME: This should be your name as it appears on your birth certificate.

ALIASES AKA: This is only required if you have used an alias such as a maiden name or a married name.

ORI: This is always **ID001025Y**

CITIZENSHIP CTZ: The country the applicant is a citizen of.

SEX: F=Female M=Male X=Unknown

RACE: 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.

HGT.: Height is written as 3 digits with no punctuation. For example five foot five inches is written as 505.

WGT.: Weight is rounded to the nearest pound.

EYES: BLK= Black BLU = Blue BRO=Brown GRY=Gray MUL= Multicolored GRN = Green
HAZ= Hazel MAR= Maroon PNK=Pink XXX = Unknown

HAIR: BLD= Bald PNK= Pink SDY= Sandy ONG= Orange BLU= Blue GRN= Green
WC= Black RED= Red (or auburn) WHI= White BLN= Blonde (or strawberry)
BRO= Brown GRY= Gray (or partially gray)
XXX=Unknown or completely Bald (Also enter BALD in the scars, marks, tattoos, and other characteristics Field (SMT))

PLACE OF BIRTH POB: The state or country where the applicant was born.

SOCIAL SECURITY NO. SOC: Applicants Social Security Number.

The completed card and associated payment need to be sent to:

**Idaho Dept. of Insurance Fingerprints
OHTI
1125B Avenida High View Rd. Driftwood, TX 78619**

Do not send the completed card to the Department of Insurance

EXAMPLE OF A HARD CARD

Below is an example of a fingerprint hard card. Card layout may vary slightly.

APPLICANT <small>* See Privacy Act Notice on Back</small> FD-258 (REV. 3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED _____		LEAVE BLANK (1)			TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: NAM FIRST NAME: _____ MIDDLE NAME: _____ ALIASES: AKA _____ ORI (10) _____ CITIZENSHIP: CTZ SEX: _____ RACE: _____ HGT.: _____ WGT.: _____ EYES: _____ HAIR: _____ YOUR NO.: OCA						FBI LEAVE BLANK (11)	
RESIDENCE OF PERSON FINGERPRINTED _____		DATE (4) SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5) _____			DATE OF BIRTH (12) DOB (13) Month Day Year _____						PLACE OF BIRTH (14) POB (14) _____	
EMPLOYER AND ADDRESS _____		REASON FINGERPRINTED (7) _____			SOCIAL SECURITY NO. (16) SOC (16) MISCELLANEOUS NO. MNU LEAVE BLANK (15)						CLASS _____ REF _____	

- Box 1.** Do not write in this box.
- Box 2.** Signature of the applicant.
- Box 3.** The applicants home address entered.
- Box 4.** The date the fingerprints are taken.
- Box 5.** Signature of the official taking the fingerprints. The applicant **DOES NOT** sign here.
- Box 6.** The name of the applicants employer and the employers address.
- Box 7.** This box does need to say “**IDC 41-1011 Insurance License**”
- Box 8.** Applicants name needs to be entered in the following format: Last Name, First Name, Middle Name
- Box 9.** Any aliases or alternate names the applicant has used.
- Box 10.** The ORI Number will always be **ID 001025Y**
- Box 11.** Do not write in this box.
- Box 12.** Physical description of Applicant. This includes: Sex, Race, Height, Weight, Eye color and Hair Color
- Box 13.** Applicants Date of Birth
- Box 14.** Applicants place of birth.
- Box 15.** Do not write in this box.
- Box 16.** Applicants Social Security

Please see below for an example of a completed fingerprint card.

APPLICANT <small>* See Privacy Act Notice on Back</small> FD-258 (REV. 3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED <i>Timothy Drake</i>		LEAVE BLANK			TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: NAM FIRST NAME: <i>Timothy</i> MIDDLE NAME: <i>Allen</i> ALIASES: AKA <i>Red Robin</i> ORI ID 001025Y CITIZENSHIP: CTZ <i>USA</i> SEX: M RACE: W HGT.: <i>601</i> WGT.: <i>165</i> EYES: BLU HAIR: WC YOUR NO.: OCA						FBI LEAVE BLANK	
RESIDENCE OF PERSON FINGERPRINTED <i>123 Washington St. Gotham City, NY, 11111</i>		DATE: <i>07/05/23</i> SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: <i>Officer Jim Gordon</i>			DATE OF BIRTH: <i>07 04 1993</i> DOB Month Day Year PLACE OF BIRTH: <i>New York</i> POB						LEAVE BLANK	
EMPLOYER AND ADDRESS <i>Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111</i>		REASON FINGERPRINTED IDC 41-1011 Insurance License			SOCIAL SECURITY NO.: SOC <i>111-11-1111</i> MISCELLANEOUS NO.: MNU LEAVE BLANK						CLASS _____ REF _____	

Hard Card Fingerprint Instructions

If electronic fingerprinting is down or you do not wish to travel to a participating Pearson Vue location you can submit your fingerprints via the hard card process shown below. Please note this will increase the turn around time for your background report.

1. Have your fingerprints taken per the instructions in this document at any law enforcement office. The fingerprint cards are typically provided by the law enforcement office. If they do not provide the card one can be [printed here](#).

2. Go to the [Idaho Department of Insurance' Pearson Vue page: https://home.pearsonvue.com/id/insurance](https://home.pearsonvue.com/id/insurance)

Idaho Department of Insurance

Take your exam from home
Simply choose "Online at my home or office" when presented with exam options.

Learn more

OnVUE

To schedule, reschedule or cancel an exam:

Sign in

Create account

- Forgot my username
- Forgot my password

Find a test center

- Find a test center on a military base
- U.S. military community funding eligibility options
- View exams
- Need help? Contact customer service
- Test accommodations

Examination scheduling information

Please VERIFY that you have created your web account with your LEGAL name as it appears on your government-issued ID and that your personal information is CORRECT. Contact Pearson VUE immediately to correct the spelling of your name or update your personal information if you notice any errors. It is very important that this information is correct, as it will appear as it was entered on the documentation provided to you after you have completed the exam, as well as on any reports to your licensing agency.

Appointments may be made up to one calendar day prior to the day you wish to test, subject to availability. You may schedule your exam online or over the phone by contacting customer service.

Available downloads

Downloads	Stock number	Format	Size
Candidate Handbook	131300	DNC	600 KB

3. Click "Sign in".

Note: If you do not have a Pearson Vue account you will need to select "Create and account" and set one up.

from home

Simply choose "Online at my home or office" when presented with exam options.

Learn more

OnVUE

Sign in

Create account

4. Enter your log in information and click "Sign In".

Idaho Department of Insurance

Sign in

Our secure website encrypts your personal information so that it cannot be read by unauthorized Internet users. For your security, please remember to sign out of your account and close your browser when you finish your session.

Please do not use the back button to navigate the site.

Required information is marked with an asterisk (*).

Returning users, please sign in:

* Username:

* Password: Show password

New users, please sign up:
[Create a web account](#)

Sign in

5. In the "Schedule an Exam" box click "View exams".

Note: You are booking your fingerprints an time slot **to be examined**, you are not taking an exam.

Dashboard

Schedule an exam

Exam catalog

View exams

My account

- > [My profile](#)
- > [Manage web account](#)
- > [Preferences](#)
- > [Exam history](#)

6. Select the option whose Exam Code is "InsID-FPHC" and Exam Name is " ID Fingerprint Hard Card"

Find an exam

Find an Exam:

Go

Exam Code	Exam Name
InsID-AH0002	Idaho Disability/Health Producer
InsID-BB0006	Idaho Bail Bonds
InsID-Cas0004	Idaho Casualty Producer
InsID-FPELC	ID Electronic Fingerprint
InsID-FPHC	ID Fingerprint Hard Card

7. Click "Next".

Note: **DO NOT ADD ANOTHER EXAM.** You must book the finger print examination before adding an exam for any line of authority.

Confirm exam selection

InsID-FPHC: ID Fingerprint Hard Card
Language: English

Consecutive Appointments
You may add one or more exams to take on the same day. [Tell me more.](#)

[Add another exam to take on the same day](#)

[Previous](#) [Next](#)

8. Click "Agree".

Note: **Nothing** on the screen applies to Hard Card Fingerprint Examinations.

Agree to Idaho Department of Insurance policies

InsID-FPHC: ID Fingerprint Hard Card

Idaho Department of Insurance policies

Admission Policy

We ask that you arrive at the test center 15 minutes before your scheduled appointment time. This will give you adequate time to complete the necessary sign-in procedures. If you arrive more than 15 minutes late for your appointment, you may be refused admission and the exam fees will be forfeited.

You will be required to present one form of original (no photocopies), valid (unexpired) government issued ID that includes your name, photograph, and signature. The first and last name that you used to register must match exactly the first and last name on the ID that is presented on test day. All IDs required must be issued by the country in which you are testing. If you do not have the qualifying ID issued from the country you are testing in, an International Travel Passport from your country of citizenship is required. If you have any questions or concerns about the ID you are required to bring with you to the testing center for admittance for your exam please contact Pearson VUE customer service at <https://home.pearsonvue.com/Test-takers/Customet-service.aspx>. To view the full ID policy, including any additional allowances to this policy, please visit <http://www.pearsonvue.com/policies/1.pdf>

Reschedule Policy

You must contact Pearson VUE or access your online Pearson VUE account to reschedule your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be rescheduled less than 48 hours prior to your appointment. Failure to reschedule in time or failure to appear for your appointment will result in the forfeiture of your exam fee.

Cancellation Policy

You must contact Pearson VUE or access your online Pearson VUE account to cancel your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be cancelled less than 48 hours prior to your appointment. Failure to cancel in time or failure to appear for your appointment will result in the forfeiture of your exam fee.

[Previous](#) [Agree](#)

9. Only one option should be on the page. Click the button above the blue box with a white one on it and click next.

Find a test center

InsID-FPHC: ID Fingerprint Hard Card


700 W state St, Boise ID 83720

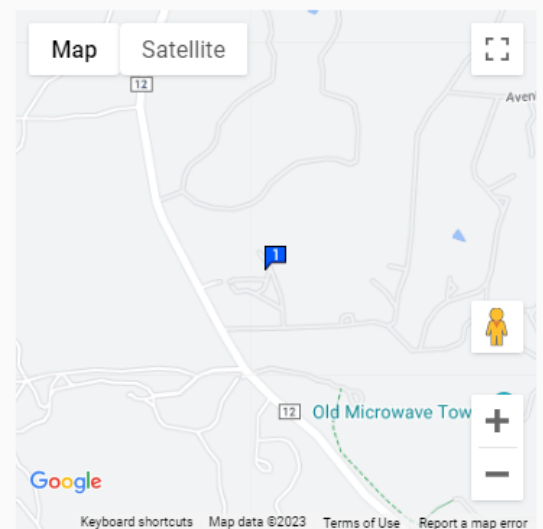
Search

You can select up to three test centers to compare availability.

Helpful hints:

- The test center information link may provide directions, parking, wheelchair support or other physical access considerations.
- Distance (mi/km) is a straight line calculated from the center point of your search criteria and does not reflect driving distance.

Test Center	Distance
 <input type="checkbox"/> ZFP_ID RE and APP Hardcard 1125B Avenida High View Rd Driftwood, Texas 78619 United States Test Center Information	Show km 1,367.3 mi



 Next

The 'Test Center' is in Texas.

You ARE mailing your fingerprints to Texas for them to be examined.

You are not traveling to Texas.

You are not taking an exam in Texas.

10. From the dates provided select the day you plan on **MAILING the fingerprints to Texas.** It is important that they receive your card within 5 days of the appointment date you select. Once you have set the appointment for your Fingerprints to be mailed click “Book this appointment”.

The page BEFORE you have selected a date

1. Select a date at your preferred test center

ZFP_ID RE and APP Hardcard
1125B Avenida High View Rd
Driftwood, Texas 78619
United States

[Find another test center](#)

Select a date from the calendar. Only dates with appointment availability can be selected.

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

[Why can't I find an available appointment?](#)

[Previous](#)

10a. Select a day.

The page AFTER you have selected a date

1. Select a date at your preferred test center

ZFP_ID RE and APP Hardcard
1125B Avenida High View Rd
Driftwood, Texas 78619
United States

[Find another test center](#)

Select a date from the calendar. Only dates with appointment availability can be selected.

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

[Why can't I find an available appointment?](#)

2. Select your appointment start time

How would you like times displayed?

12 hr (e.g., 2:00 PM) 24 hr (e.g., 14:00)

10b. Select a time.

Our next available appointment is:

Thursday, September 14, 2023



2:30 PM - 3:30 PM America/Chicago - CDT

[Explore more times](#)

[Book this appointment](#)

11. Review the information on this screen to ensure you have selected the correct options. If everything looks correct click “Proceed to Checkout”.

[Review and confirm](#) contact information to avoid issues on test day.

Description	Details	Price	Actions
Exam InsID-FPHC: ID Fingerprint Hard Card Language: English Length: 60 minutes ⓘ	Appointment Thursday, September 14, 2023 Start time: 2:30 PM America/Chicago - CDT Change Appointment	61.25	Remove
	Location ZFP_ID RE and APP Hardcard 1125B Avenida High View Rd Driftwood, Texas 78619 United States Change Test Center		

These sections should read exactly as shown.

[Add Another Exam](#)

Confirm contact information

IMPORTANT: Your first/given and last/surname/family name must match exactly as it appears on the identification (ID) that is presented at the time of testing. If there is not an exact match, you will not be able to take your test and you will not be reimbursed for any fees paid.

Name:
Jane Smith

[Edit](#)

Telephone:
+ 1-555-867-5309

Total Due

Subtotal: 61.25

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: USD 61.25

You can enter voucher/promotion codes on the billing screen.

ESTIMATED TOTAL DUE: USD 61.25

[Proceed to Checkout](#)

12. Complete the payment process.


Note: If the site is not accepting your payment please contact Pearson Vue at 800-274-2721

Enter payment and billing


Order Total	
Subtotal:	61.25
Estimated Tax:	0.00
ESTIMATED TOTAL DUE:	USD \$1.25
Add Voucher or Promo Code	▼
What is this?	

Required information is marked with an asterisk (*). Enter information on this page in the single byte alphanumeric characters.

Payment



*Payment type:
Select one... ▼



13. Print the Pearson VUE Confirmation of Payment email.

Note: Pearson Vue will e-mail you a confirmation once your purchase is finalized. You will need it twice, once when you mail the fingerprints and again to submit with your application.

14. Mail completed fingerprint card and printed payment confirmation email via USPS to:

Idaho Dept. of Insurance Fingerprints

OHTI

1125B Avenida High View Rd. Driftwood, TX 78619

Do not send the completed card to the Department of Insurance