

HOW TO RENEW A NON-RESIDENT BAIL AGENT LICENSE

You will need to start the fingerprinting process at least 60 days in before your license expires. If your fingerprint report is not back before your license expires your license will be inactive until it is in.

Step 1. Reach out to a law enforcement office to find out if they will take your fingerprints see what their process is.

Step 2. While at the law enforcement office fill out the hard card as shown below.

Note: the items in **RED** are required to be exactly as shown on this card, items in **GREEN** are filled in by the law enforcement agent taking your prints and, items in black you fill in with your information.

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK		
FD-258 (REV. 3-1-10) 1110-0046		SIGNATURE OF PERSON FINGERPRINTED <i>Timothy Drake</i>		LAST NAME Drake	FIRST NAME Timothy	MIDDLE NAME Allen					
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES AKA Red Robin		OR I ID 001025Y				DATE OF BIRTH Month Day Year 07 04 1983		DOB	
DATE 07/05/23	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Officer Jim Gordon</i>		CITIZENSHIP CTZ USA	SEX M	RACE	HGT. 601	WGT. 165	EYES BLU	HAIR WC	PLACE OF BIRTH New York	POB
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		YOUR NO. OCA		LEAVE BLANK							
REASON FINGERPRINTED IDC 41-1011 Insurance License		FBI NO. FBI		CLASS							
		ARMED FORCES NO. MNU		REF							
		SOCIAL SECURITY NO. SOC 111-11-1111									
		MISCELLANEOUS NO. MNU									

See pages 11 and 12 of this document for a detailed explanation of the hard card boxes.

Step 3. Go to the Idaho Department of Insurance' Pearson Vue page: <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](#)

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
Handbook	121300	PDF	1.00 MB

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

Step 4. 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](#)

[Sign in](#)
[Create account](#)

Step 5. 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

Sign In

New users, please sign up:

[Create a web account.](#)

Step 6. 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

Dashboard

Schedule an exam

Exam catalog

View exams

My account

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

Step 7. 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](#)

Step 8. Click “Next”.

Note: DO NOT ADD ANOTHER EXAM.

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 

Step 9. 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/Customer-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 

Step 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

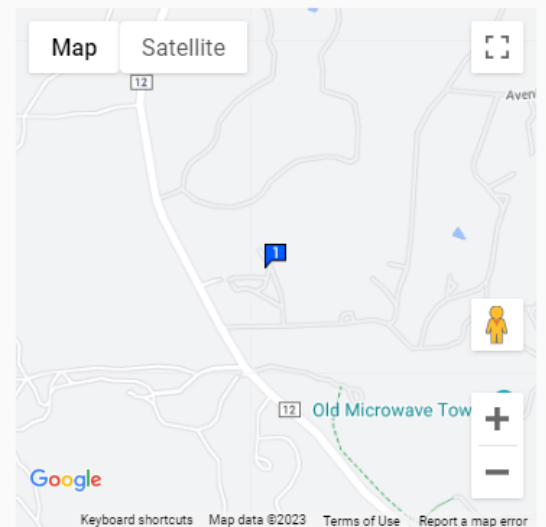
Search

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
  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 to be examined.

You are not traveling to Texas.

You are not taking an exam in Texas.

Step 11. 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](#)

Step 12. Review the information on this screen to ensure you have selected the correct options.

If everything looks cor-rect click "Proceed to Checkout".

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

Description	Details	Price	Actions
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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](#)

Step 13. 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...

Previous Next

Step 14. 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.

Step 15. 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

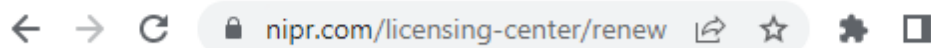
Do NOT send the completed card to the Department of Insurance.

You MUST include the payment confirmation.

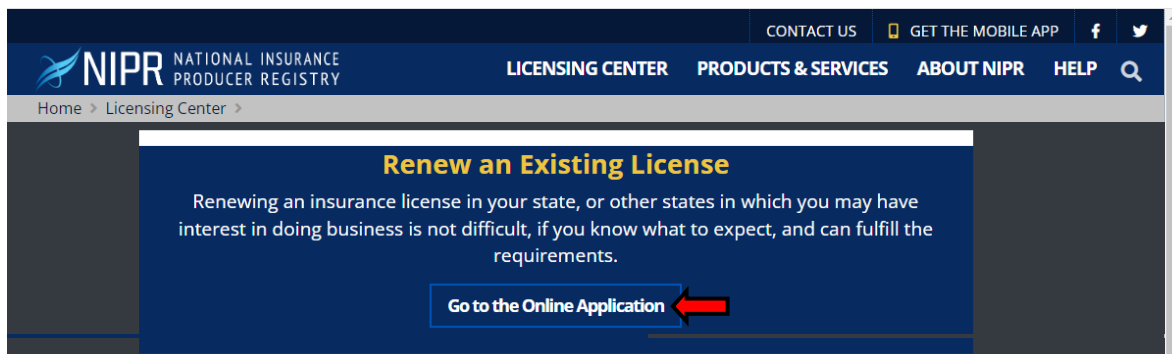
You MUST send it via USPS.

Step 16. E-mail the completed CHRI Form (Page 9 of this document) to agent@doi.idaho.gov

Step 17. Go to <https://nipr.com/licensing-center/renew> to go to the on-line renewal



Step 18. Click on "Go to the Online Application".



Step 19. Select if you are renewing an Individual or Business license.

The screen is titled "Identify Licensee". It has two main options: "Individual" with a person icon and the text "Sign in as an individual", and "Business Entity" with a building icon and the text "Sign in as a business entity". Red arrows point to each option.

Step 20. Enter the identifying information and click "Next".

The screen is titled "Identify Licensee" and is for an "Individual". It has a "Search Type" section with three radio button options: "License Number", "National Producer Number (NPN)", and "Social Security Number (SSN)". A red arrow points to the "License Number" option. Below these is the text "Select one identifier above" and a warning icon with the text "Please select a search type". At the bottom, there is a checkbox labeled "I accept the NIPR Use Agreement" with a red arrow pointing to it. "Back" and "Next" buttons are at the bottom.

Step 21. Click "Start".

The screen is titled "User Menu". It has two buttons: "Start" with a pencil icon and "Message Center" with an envelope icon. Red arrows point to both buttons.

Step 22. Select "Other Licensing" type you have. When you make your selection more options will appear. Select "Renewal" and "Resident" then click "Next".

The screen is titled "Select Product". It has three sections: "Product Type" with radio buttons for "Producer Licensing", "Adjuster Licensing", "Other Licensing", "Contact Change Request (Change Address, Phone, or Email)", and "PDB Detail Report"; "Application Type" with radio buttons for "Initial", "Renewal", and "Add Line Of Authority"; and "Residency Type" with radio buttons for "Resident", "Non-Resident", and "Non-Resident (No Home State)". Red arrows point to "Other Licensing", "Renewal", and "Resident". "Back" and "Next" buttons are at the bottom.

Step 23. Select "Idaho" then click "Next".

The screen is titled "Select States". It has a search bar with "IDAHO" entered. A "Select" button is to the right of the search bar, with a red arrow pointing to it. Below the search bar, it says "0 selected" and has "Select All" and "Deselect All" buttons. "Back" and "Next" buttons are at the bottom.

Step 24. Click "Select All" then click "Next".

This is a close-up of the "Select All" and "Deselect All" buttons from the previous screen. Red arrows point to both buttons. Below them are "Back" and "Next" buttons.

Step 25. Verify the fee and click "Next".

The screen is titled "Fee Estimate" and is for "IDAHO". It has an "Edit" button. Below it is a table of fees:

State Fee	\$60.00
NIPR Fee	\$5.60
Total State Fees	\$60.00
Total NIPR Fees	\$5.60
Grand Total	\$65.60

Below the table is the text "This is an estimate. Exact fees will be shown before payment." "Back" and "Next" buttons are at the bottom.

Step 26. Verify all information in each section and click “Next”. Each next will take you to the next section.

Note: You can not update your name or contact information during a renewal.

Applicant Name: HAMMOND-FLESHMAN, DAWN ANN
 NPN: 7567051
 Flow #: 30091521
 Application State/ID: VA
 Resident/Home State: VA
 License #: 597944

Biographic Data
 Last Name: HAMMOND-FLESHMAN
 First Name: DAWN
 Middle Name: ANN
 Suffix: [Optional]
 Date of Birth: 05/07/1975

Next →

Addresses
 Phone Contact Data
 Web Information
 Affiliations
 Background Questions

If you have had any Regulatory actions or Criminal offenses since your last renewal you must answer “Yes” to the appropriate question.

Step 27. Verify the information click next.

Review Application
 Program: [Details]
 Resident Address: [Details]
 Business Address: [Details]
 Mailing Address: [Details]
 Phone Contact Data: [Details]
 Web Contact Info: [Details]
 Affiliations: [Details]

Background Questions Responses
 1A Have you been convicted of a misdemeanor... No
 1B Have you been convicted of a felony... No
 1B1 If you have a felony conviction... Not Applicable
 1B2 If you were convicted... Not Applicable
 1C Have you been convicted of a military offense... No
 2 Have you been named or involved... No
 3 Do you have a child support obligation... No
 3A By one month... No
 3B Are you currently subject... Not Applicable
 3C Are you the subject of a child support... Not Applicable
 4 In response to a "yes" answer... Not Applicable
 4A Will you be enclosing... Not Applicable

Back ← Next →

Step 28. Answer the question and click “Next”.

Authorized Submitter
 I am submitting for: Myself
 Someone else

Back ← Next →

Step 29. Read the attestation and click “I accept” then click “Next”.

Attestation
 Read carefully and Accept to continue.

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrange on this application.
- I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I accept

Back ← Next →

Step 30. Enter the e-mail(s) you want the transaction receipt to go to and click “Next”.

Verification Contact
 Your receipt and any additional information about this transaction will be sent to the following email addresses.

Email: Required
 Email: Optional
 Email: Optional
 Email: Optional

Back ← Next →

Step 31. Verify the transaction information and click “Submit and Pay”.

Submit Requests
 The following states will be sent the requests made during this session.

State	Description	State Fee	NIPR Fee	Fee Summary
				Total State Fees \$60.00
				Total NIPR Fees \$5.60
				Grand Total \$65.60

• Fees are not refundable
 • Allow up to 5 days for changes to display on PDB
 Requests are not complete until payment is made. Please click the Submit & Pay button.

Back ← Submit & Pay →

Step 32. Enter the payment information and click “Next” until the transaction is done.

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

Equal Opportunity Employer

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)

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>		LEAVE BLANK (1)		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME			FBI		LEAVE BLANK (11)	
FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED (2)		ALIASES AKA (9)		O R I (10)				DATE OF BIRTH DOB Month Day Year (13)		
RESIDENCE OF PERSON FINGERPRINTED (3)		CITIZENSHIP CTZ		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB (14)
DATE (4)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5)		YOUR NO. OCA		LEAVE BLANK (15)					
EMPLOYER AND ADDRESS (6)		FBI NO. FBI		CLASS _____						
REASON FINGERPRINTED (7)		SOCIAL SECURITY NO. SOC (16)		REF _____						
		MISCELLANEOUS NO. MNU								

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