

# HOW TO RENEW A 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.** Complete your Continuing Education at least 30 days before the expiration date of your license.  
For information on Continuing Education click [here](#).

**Step 2.** Go to the local sheriff's office or police station and have your fingerprints taken.  
They will provide you with the fingerprint card and receipt for cost of fingerprinting.  
For detailed information on how to fill out the fingerprint card please see page 7 of this document.

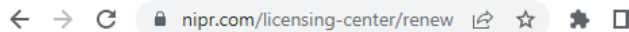
**Step 3.** Complete the Fingerprint Based Criminal Background Check Form (page 4 of this document).

**Step 4.** Prepare a payment by either filling out the Credit Card Authorization Form (page 5 of this document) or writing a \$20 check made payable to Idaho State Police.

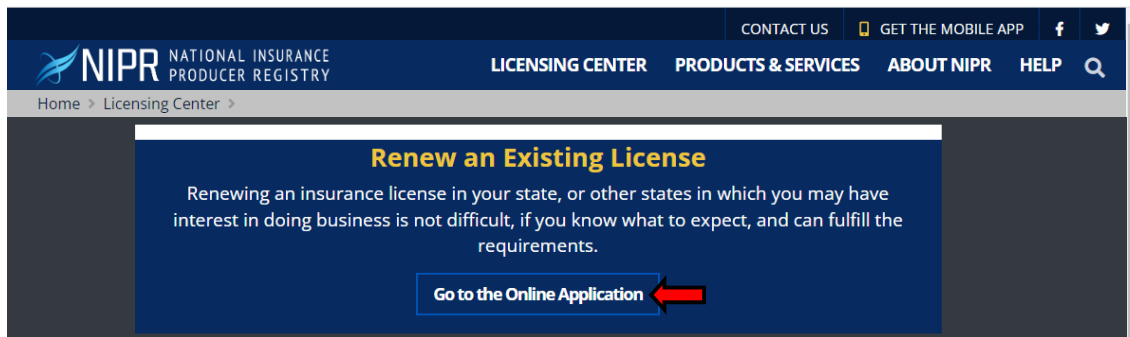
**Step 5.** Mail fingerprint card, completed ISP form and payment to:  
Idaho State Police  
700 S. Stratford Drive, Ste. 120  
Meridian, Id 83642

**Step 6.** E-mail the completed CHRI Form (Page 6 of this document) to [agent@doi.idaho.gov](mailto:agent@doi.idaho.gov)

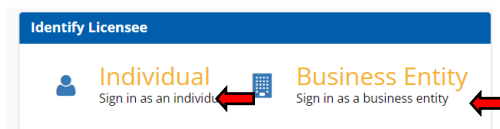
**Step 7.** Once all renewal requirements are met [click here](#) to go to the online renewal application.



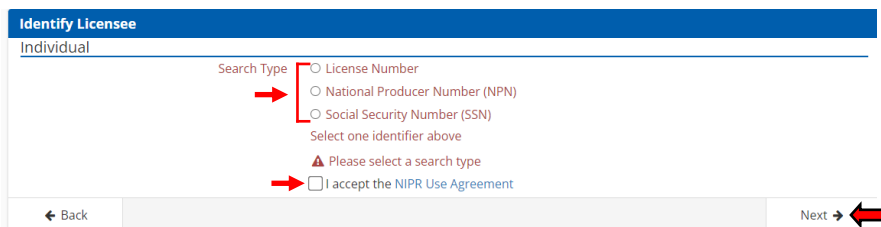
**Step 8.** Click on "Go to the Online Application".



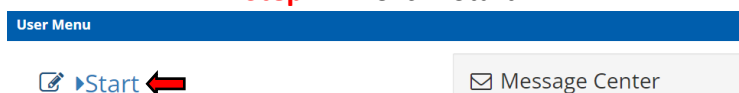
**Step 9.** Select if you are renewing an Individual or Business license.



**Step 10.** Enter the identifying information and click "Next".



**Step 11.** Click "Start".



**Step 12.** Select what license type you have. When you make your selection more options will appear. Select “Renewal” and the residency type of your Idaho license then click “Next”.

**Select Product**

Product Type  Producer Licensing  
 Adjuster Licensing  
 Other Licensing  
 Contact Change Request (Change Address, Phone, or Email)  
 PDB Detail Report

Application Type  Initial  
 Renewal  
 Add Line Of Authority

Residency Type  Resident  
 Non-Resident  
 Non-Resident (No Home State)

← Back Next →

**Step 13.** Select “Idaho” then click “Next”.  
**Note:** Idaho will not populate until your CE is completed and posted to your account by the CE provider. This can take up to 35 days.

**Select States**

Search

IDAHO

0 selected

← Back Next →

**Step 14.** Click “Select All” then click “Next”.

← Back Next →

**Step 15.** Verify the fee and click “Next”.

**Fee Estimate**

IDAHO

Edit

State Fee	\$60.00
NIPR Fee	\$5.60
<b>Total State Fees</b>	<b>\$60.00</b>
<b>Total NIPR Fees</b>	<b>\$5.60</b>
<b>Grand Total</b>	<b>\$65.60</b>

*This is an estimate. Exact fees will be shown before payment.*

← Back Next →

**Step 16.** 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.

**Biographic Data**

Last Name: HAMMOND-FLESHMAN

First Name: DAWN

Middle Name: ANN

Suffix: Optional

Date of Birth: 05/07/1975

← Back 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 17. Verify the information click next.**

Review Application	
<b>Biographic</b>	First Name Middle Name Last Name Suffix Date of Birth
<b>Resident Address</b>	Address Line 1 City State Zip Code Country
<b>Business Address</b>	Address Line 1 City State
<b>Mailing Address</b>	Address Line 1 City State Zip Code Country
<b>Phone Contact Data</b>	Business Phone Fax Home Phone
<b>Web Contact Info</b>	Personal Email Business Email Web Address Business Entity Name
<b>Affiliations</b>	<small>Data not entered for this section.</small>

Background Questions Responses	
<b>1A</b> Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, <b>which has not been previously reported to this insurance department?</b>	No
<b>1B</b> Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, <b>which has not been previously reported to this insurance department?</b>	No
<b>1B1</b> If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?	Not Applicable
<b>1B2</b> If so, was consent granted? (Attach copy of 1033 consent approved by home state.)	Not Applicable
<b>1C</b> Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, <b>which has not been previously reported to this insurance department?</b>	No
<b>2</b> Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, <b>which has not been previously reported to this insurance department?</b>	No
<b>3</b> Do you have a child support obligation in arrears, <b>which has not been previously reported to this insurance department?</b>	No
<b>3A</b> By how many months are you in arrears?	Not Applicable
<b>3B</b> Are you currently subject to and in compliance with any repayment agreement?	Not Applicable
<b>3C</b> Are you the subject of a child support related subpoena/warrant?	Not Applicable
<b>4</b> In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	Not Applicable
<b>4A</b> Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?	Not Applicable

← Back Next →

**Step 18. Answer the question and click "Next".**

**Authorized Submitter**

I am submitting for  Myself  
 Someone else

← Back Next →

**Step 19. Read the attestation and click "I accept" then click "Next".**

**Attestation** HAMMOND-FLESHMAN, DAWN ANN

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 arrears 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 20. 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 21. 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 22. Enter the payment information and click "Next" until the transaction is done.**



# IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



## FINGERPRINT BASED CRIMINAL BACKGROUND CHECK FORM of the Idaho Central Repository of Criminal History Records

**A completed fingerprint card must be attached to this request.**  
Submit a separate form for each request. Current forms are available at  
<https://www.isp.idaho.gov/BCI/index.html>.  
Please print clearly in black ink.  
**A \$20.00 processing fee must be included.**

Applicant Name:	Applicant Date of Birth:
Requesting Person or Company	Address of Requester (Results will be mailed to this address) Street <u>700 West State Street, Floor 3</u>
Printed Name of Requester (Print Legibly)	City, State & Zip Code <u>Boise, Idaho 83720-0043</u>
Reason for Criminal History Check: <b>Renewal an Idaho Bail Agent License.</b>	Phone Number of Requester
	If you need results of the background check *notarized, please check here <input type="checkbox"/> *Notary letter is based off the name as it appears on the fingerprint card.
Additional Information:	

**General Information: An individual may obtain a copy of an Idaho record through the following procedures.**

Submit a set of rolled fingerprints of the subject of the check on an applicant fingerprint card. These will be used to search the BCI database of fingerprints. Fingerprints provide a positive method of identification. The fingerprint card must be completed and include:

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Name (print)</li> <li>• Alias names (maiden and/or previous names)</li> <li>• Signature of person fingerprinted</li> <li>• Current address</li> <li>• Date printed (Must be within <b>180 days</b> of the fingerprint card submission)</li> </ul> | <ul style="list-style-type: none"> <li>• Signature of official taking fingerprints</li> <li>• Date of birth</li> <li>• Country of citizenship</li> <li>• Sex</li> <li>• Race</li> <li>• Height</li> </ul> | <ul style="list-style-type: none"> <li>• Weight</li> <li>• Eyes</li> <li>• Hair</li> <li>• Place of Birth</li> <li>• Social Security Number (optional)</li> </ul> |
|--|---|---|

A check made payable to Idaho State Police must accompany the fingerprint card, or the Credit Card Authorization page needs to be filled out. The fee is \$20.00 for each fingerprint check. A \$20.00 processing fee will be charged for any returned checks.

This request may be hand delivered or mailed to the address below. The bureau does not telephone, email or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho Code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

**700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642  
PHONE (208) 884-7130 • FAX (208) 884-7193**



# Idaho State Police

## Bureau of Criminal Identification



### CREDIT CARD AUTHORIZATION FORM

**\*\*\*Please note: There is an additional processing fee of \$1.00 plus 3% of the total transaction for all payments made by credit or debit card.\*\*\***

Credit Card (If paying by credit or debit card, complete the following)\*

Name of applicant/subject(s) of record

---

---

---

---

---

---

---

Requestor/Agency

---

Credit Card Type

Visa

AmEx

MasterCard

Discover

Credit Card Number:

- - -

Expiration Date:

/

Zip Code (Required):

Name as it appears on card:

---

Phone Number:

---

(Phone number required, in case we need clarification or have questions regarding payment)

Email:

---

(If you prefer your receipt to be emailed, please provide a legible email address)

**Signature of Payee:**

---

(Required before mailing or faxing)

**Electronic signatures will not be accepted**

Phone: (208) 884-7130  
 Fax: (208) 884-7193  
 700 S. Stratford Dr., Ste. 120  
 Meridian, ID 83642

**BRAD LITTLE**  
governor

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

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 Insurances 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:

B

(signature)

(date)

Please forward this signed request to the department of Insurance by mail or email to [agent@doi.idaho.gov](mailto: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.

# EXAMPLE OF A HARD CARD

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

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK (1)		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: <b>NAM</b> FIRST NAME: _____      MIDDLE NAME: _____			FBI      LEAVE BLANK (11)	
FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED _____ (2)		ALIASES: <b>AKA</b> (9) <b>ORI</b> (10)						
RESIDENCE OF PERSON FINGERPRINTED _____ (3)		CITIZENSHIP: <b>CTZ</b> SEX: _____      RACE: _____      HGT.: _____      WGT.: _____      EYES: _____      HAIR: _____			DATE OF BIRTH: _____ <b>DOB</b> (13) <small>Month Day Year</small>			
DATE (4)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____ (5)		YOUR NO.: <b>OCA</b>		LEAVE BLANK (15)			
EMPLOYER AND ADDRESS _____ (6)		FBI NO.: <b>FBI</b>		CLASS: _____				
REASON FINGERPRINTED _____ (7)		SOCIAL SECURITY NO.: <b>SOC</b> (16)		REF: _____				
		MISCELLANEOUS NO.: <b>MNU</b>						

- 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.

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