

How to Apply for a Resident Independent Adjuster License.

An Independent Adjuster is a person who, on behalf of the insurer, investigates and negotiates settlement of claims arising under insurance contracts.

Step 1. Study for the Licensing Exam.

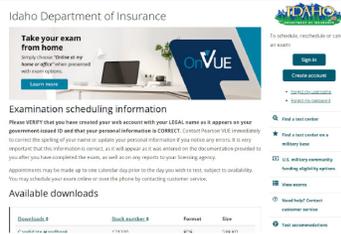
- Idaho does not require pre-licensing education; however, we strongly recommend reviewing the [content outline](#) for the line of authority you wish to carry.
- The Department does not provide study material for the exam. A list of third party entities who provide study material can be found on our [website](#).

Step 2: Decide where you want to take your licensing exam.

- Idaho has partnered with Pearson Vue to facilitate its testing needs.
- Tests can be taken at Pearson Vue testing locations or remotely via an online proctor. For a full list of Idaho locations [click here](#).

Step 3: Go to the Idaho Department of Insurance' Pearson Vue page to register for the exam.

<https://home.pearsonvue.com/id/insurance>



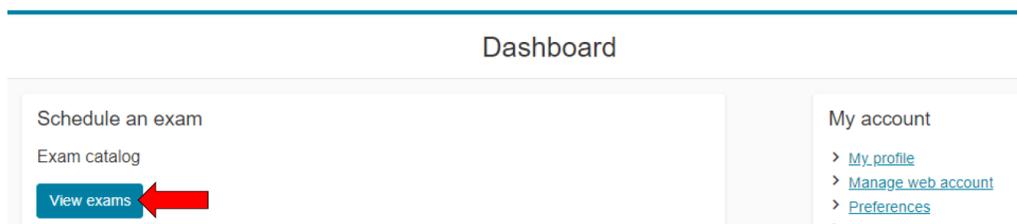
Step 4: Click "Sign in".

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



Step 5. Enter your log in information and click "Sign In".

Step 6. In the "Schedule an Exam" box click, "View exams".



Step 7. Click on “Idaho Independent Adjuster”.

Find an exam

Find an Exam:

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
InsID-IndAdj0009	Idaho Independent Adjuster
InsID-Life0001	Idaho Life Producer
InsID-Pers0005	Idaho Personal Lines Producer
InsID-Prop0003	Idaho Property Producer
InsID-PubAdj0007	Idaho Public Adjuster
InsID-Sur0008	Idaho Surety Producer

Step 8. If you want to take your exam in a test center click “In person at a test center”. If you want to take it remotely, click “OnVUE Online With OnVUE”.

Select exam options

InsID-AH0002: Idaho Disability/Health Producer

How do you want to take your exam?

In person at a test center

OnVUE Online with OnVUE

Step 9. Review the information and click “Next”.

 **Your photo ID**
We'll verify your government-issued identification (ID) when you arrive for your exam.
[Review admission & ID policies](#)

 **What to expect**
Familiarize yourself with the testing experience so you feel confident on test day.
[Watch our short video](#)

 **Personal items**
Review the items that you can have during testing that do not require prior approval.
[View comfort aid list](#)

Questions?
Check out the [FAQs](#).

Step 10. If you are having your fingerprints taken at the testing center, click “Add another exam to take on the same day” and repeat steps 7-9, selecting “InsID-FPELC” as the exam, otherwise click “Next” . **Note: Same day fingerprinting is dependent on location and availability.**

Confirm exam selection

InsID-AH0002: Idaho Disability/Health Producer
Language: English

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

Step 11. Review the information and click “Agree”.

Agree to Idaho Department of Insurance policies

IdHO-AH1002 - Idaho Disability/Health Protocol

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 (not photocopied), 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 info@thepearsonvue.com/TestSites/CustomerService.aspx. To view the full ID policy, including any additional allowances to this policy, please visit <http://www.pearsonvue.com/bokeidc1.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 canceled 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 12. Select your testing center and click “Next”. If you are you fingerprinting at your testing center you will only have three options, Boise, Pocatello and Spokane.

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"/> Pearson Professional Centers-Boise ID 9183 W Black Eagle Dr Boise, Idaho 83709 United States Test Center Information	0.7 mi
<input type="checkbox"/> Pearson VUE Test Center-Pocatello ID 812 East Clarke Street Suite E ReMax Building Pocatello, Idaho 83201 United States Test Center Information	200.4 mi
<input type="checkbox"/> Pearson Professional Centers-Spokane WA 1410 N Mullan Rd Suite 203 Mullan Centre Spokane Valley, Washington 99205 United States Test Center Information	4.5 mi

[Map](#) [Satellite](#)

[Next](#)

Step 13. Click on the day and time you want to take your exam, then click “Book this appointment”.

The page BEFORE you have selected a date

ZFP_ID RE and APP Hardcard
11250 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](#)

13a. Select a day.

The page AFTER you have selected a date

ZFP_ID RE and APP Hardcard
11250 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)

Our next available appointment is:

Thursday, September 14, 2023

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

[Explore more times](#) [Book this appointment](#)

13b. Select a time.

Step 14. Review the information on this screen to ensure you have selected the correct options. If everything looks correct, click “Proceed to Checkout”.

Cart

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

Description	Details	Price	Actions
Exam InstID-AH0002: Idaho Disability-Health Producer	Appointment Monday, October 9, 2023 Start time: 9:00 AM America/Boise - MDT Change Appointment	65.00	Remove
Exam Modules: <ul style="list-style-type: none">GE-Health70PCT: General HealthID-Health: Idaho Health Language: English Length: 120 minutes	Location Boise State Proctoring and Certification Services Chroway Annex II 1405 Chroway Dr. Boise, Idaho 83706 United States Change Test Center		

[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:
Stacy Gobie
[Edit](#)

Telephone:
+1 208-334-4250

Total Due

Subtotal:	65.00
Estimated Tax:	0.00
ESTIMATED TOTAL DUE:	USD 65.00

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

ESTIMATED TOTAL DUE: USD 65.00 [Proceed to Checkout](#)

Step 15. Complete the payment process.

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

Step 16. Take your exam when and where you signed up for.

Step 17. Have your fingerprints taken for a background check.

17a. If you are having your fingerprints taken at the testing center you will have them taken at your scheduled time.

17b: If you are NOT having your fingerprints taken at the testing center please go to page 8 of this document.

Step 18. Apply for a license using [NIPR](#)

- Once you have passed the exam and submitted your fingerprints you will need to go to [NIPR.com](#) and apply for a License
- While you can use third party application to apply such as Sircon, the Department can not help you if there is any issues with the transaction.

Step 19. Click on “Go to Online Application”.



Step 20. Click on “Individual”.



Step 21. Enter the identifying information and click “Next”.

Identify Licensee
Individual

Search Type

- License Number
- National Producer Number (NPN)
- Social Security Number (SSN)

Select one identifier above

Please select a search type

I accept the NIPR Use Agreement

Back Next

Step 22. Click “Start”.

User Menu

Start Message Center

Step 23. Select the Adjuster Licensing, Initial, and Resident buttons and click “Next”.
Note: You may see more options than pictured, you can ignore them.

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 24. Select “Idaho” from the list and click “Next”.

Select a State

Search

IDAHO Select

Back Next

Step 25. Select “Independent Adjuster” and click “Next”.

Insurance Producer

- Accident & Health or Sickness
- Casualty
- Life
- Personal Lines
- Property
- Variable Life and Variable Annuity
- Credit
- Surety
- Travel
- Pet

Bail Bond Agent

- Bail Bond Agent

Independent Adjuster

- Independent Adjuster

Public Adjuster

- Public Adjuster

Back Next

Step 26. Verify your selections and the fee.

IDAHO

Edit

INDEPENDENT ADJUSTER		State Fee	\$80.00
• Independent Adjuster		NIPR Fee	\$5.60

Total State Fees	\$80.00
Total NIPR Fees	\$5.60
Grand Total	\$85.60

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

Back Next

Step 32. 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	
IDAHO	Independent Adjuster • Independent Adjuster	\$80.00	\$5.60	Total State Fees	\$80.00
				Total NIPR Fees	\$5.60
				Grand Total	\$85.60

• 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 33. Enter the payment information and click “Next” until the transaction is done.

Choose Payment Type

How would you like to pay?
 Credit Card
 Electronic Check

Billing Details
* = Required

* First Name:
* Last Name:
* Address Line 1:
Address Line 2:
Address Line 3:
* City:
* State or Province:
* Country:
* Zip Code:
* Phone:

Your Total is: \$85.60

« Back Next »

Step 34. Click “I Agree”. Enter your payment information and click “Submit \$____ Payment”.
Fees will not be refunded by either NIPR or the Idaho Department of Insurance.

User understands all fees are non-refundable.
 I Agree

Submit \$85.60 Payment

Back Cancel

Card Number
MM / YY CVC

User understands all fees are non-refundable.
 I Agree

Submit \$85.60 Payment

Back Cancel

Step 35. E-mail the required additional documents to agent@doi.idaho.gov or up load them to the document warehouse.

- Copy of Pass Slip(s) from Exam(s)
- Copy of Fingerprinting payment receipt from Pearson VUE
- CHRI Request and Release form

HARD CARD FINGERPRINT INSTRUCTIONS

The Idaho Department of Insurance **STRONGLY encourages you to use the electronic fingerprint process** if at all possible. Please see the comparison of the process below.

Hard Card Fingerprinting

- Turn around time can be **over 5 weeks**.
- You will need to find a law enforcement agency that can take the fingerprints on your own.
- You will need to pay:
 - the Pearson Vue
 - to have the fingerprints taken by law enforcement.
 - for the postage to mail them.
 - for any reprints.
- Nobody will verify your card before you mail it and if anything is incorrect or left out you will have to pay all of it again.
- Increased likelihood of low-quality fingerprints. You will be responsible for the costs of getting new fingerprints.

Electronic Finger Printing

- Turn around time is typically **3-7 days**
- Can be taken at the same time and place as your exam.
- You only need to pay the Pearson Vue fee.
- A Pearson Vue associate will make sure everything is filled out correctly.
- You are less likely to have your fingerprints rejected due to lack of quality. If there is an issue you will not be charged for additional fingerprinting.

If you choose to use the hard card fingerprint process the instructions are on the following pages.

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		LAST NAME	NAM	FIRST NAME	MIDDLE NAME														
SIGNATURE OF PERSON FINGERPRINTED <i>Timothy Drake</i>		Drake		Timothy	Allen														
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES AKA		O R I	ID 001025Y			DATE OF BIRTH Month Day Year 07											
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	POB	New York	
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																
		MISCELLANEOUS NO.	MNU																
			111-11-1111																

See pages 15-16 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](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.

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.

Available downloads

Downloads	Stock number	Format	Size
Candidate Handbook	171300	PDF	600 KB

Navigation: Sign in, Create account

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.

Navigation: 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

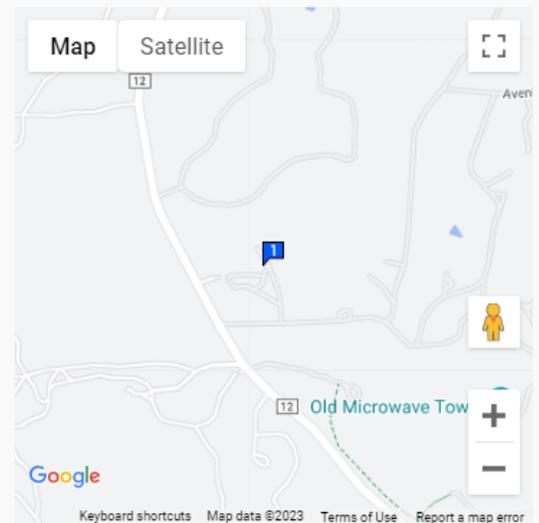
Search

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)

Our next available appointment is:

Thursday, September 14, 2023



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

[Explore more times](#)

[Book this appointment](#)

10b. Select a time.

Step 12. 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](#)

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:



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.

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.

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: _____ (8)			FBI LEAVE BLANK (11)		
RESIDENCE OF PERSON FINGERPRINTED _____ (3)		ALIASES: AKA _____ (9)			ORI (10) _____			DATE OF BIRTH: _____ DOB: _____ Month Day Year (13)		
DATE (4) _____	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5) _____			CITIZENSHIP: CTZ _____ SEX: _____ RACE: _____ HGT.: _____ WGT.: _____ EYES: _____ HAIR: _____ (12)		PLACE OF BIRTH: POB (14) _____		LEAVE BLANK (15)		
EMPLOYER AND ADDRESS _____ (6)		YOUR NO.: OCA _____			FBI NO.: FBI _____		CLASS: _____		REF: _____	
REASON FINGERPRINTED _____ (7)		SOCIAL SECURITY NO.: SOC (16) _____			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> 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: Timothy MIDDLE NAME: Allen (8)			FBI LEAVE BLANK (11)		
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES: AKA Red Robin (9)			ORI ID 001025Y (10)			DATE OF BIRTH: 07 04 1993 DOB: _____ Month Day Year (13)		
DATE: 07/05/23 (4)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5) <i>Officer Jim Gordon</i>			CITIZENSHIP: CTZ USA (12)		SEX: M RACE: W HGT.: 601 WGT.: 165 EYES: BLU HAIR: WC (12)		PLACE OF BIRTH: POB New York (14)		
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		YOUR NO.: OCA _____			FBI NO.: FBI _____		CLASS: _____		REF: _____	
REASON FINGERPRINTED IDC 41-1011 Insurance License (7)		SOCIAL SECURITY NO.: SOC 111-11-1111 (16)			MISCELLANEOUS NO.: MNU _____		_____		_____	

State of Idaho
DEPARTMENT OF INSURANCE

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

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 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.

(Request and Release - CHRI; last revised 07/29/2021)

Equal Opportunity Employer



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 the Idaho Department of Insurance 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/BCI/documents/CRBrochure1_000.pdf

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 defeminations, 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 system(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).