

How to Apply for a Resident Producer License.

An insurance producer is a licensed salesperson working for an insurance agency. The main goal of the insurance producer is to acquire new customers and cross-sell new policies to existing customers of the agency. All individuals (producers) are required to be licensed if they sell, solicit, or negotiate (act as a producer) in insurance products in Idaho

Step 1. Decide what lines of authority (LOA) you want to sell.
For a detailed list of what is covered by each LOA click [here](#).

- **Life:** Coverage on human lives, including benefits of endowment and annuities, benefits in the event of death or dismemberment by accident, and benefits for disability income.
- **Accident Health and Sickness** (often referred to as Health or Disability in other states): Includes accident and health or sickness insurance coverage for sickness, bodily injury or accidental death and benefits for disability income.
- **Property:** Insurance coverage for the direct or consequential loss or damage to property of every kind.
- **Casualty:** Insurance coverage against legal liability, including liability for death, injury or disability or damage to real or personal property.*
- **Personal lines:** Property and casualty insurance coverage sold to individuals and families for primarily noncommercial purposes.
- **Variable:** Life and variable annuity products, meaning insurance coverage provided under variable life insurance contracts and variable annuities. Licensees must have an active FINRA CRD number to carry the variable line.
- **Limited Lines:** Please see the [Limited Lines](#) page for information on limited lines.

Step 2. 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 do provide study material can be found on our [web site](#).

Step 3: 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 4: Go to the Idaho Department of Insurance' Pearson Vue page to register for the exam.

<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.

Sign in

Create account

Examination scheduling information

Please VERIFY that you have created your web account with your ID&A! name as it appears on your government-issued ID and that your personal information is CORRECT. Contact your VUE consultant 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, and will appear in the documents 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. No testing schedule your exam online or over the phone by contacting customer service.

Available downloads

Downloads	Book number	Format	Size
2018 Idaho Insurance License Exam	111111	PDF	100 KB

Sign in

Create account

Step 5: Click "Sign in".

Note: If you do not have a Pearson Vue account you will need to select "Create 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 6. Enter your log in information and click “Sign In”.

Sign in

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

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

Required information is marked with an asterisk (*).

Returning users, please sign in:

* Username:

* Password: Show password

New users, please sign up:

[Create a web account.](#)

Step 7. In the “Schedule an Exam” box click, “View exams”.

Dashboard

Schedule an exam

Exam catalog

My account

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

Step 8. Click on the exam you wish to take.

The exams correspond to the line of authority with the same name. Idaho does not offer combined

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 9. 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?

Step 10. Review the information and click “Next”.

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

Prepare for your test center exam

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](#).

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

Step 11. 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.](#)

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

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

Step 12. Review the information and click “Agree”.

Agree to Idaho Department of Insurance policies

InsID-AH0002: Idaho Disability/Health Producer

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 13. Select your testing center and click “Next”.

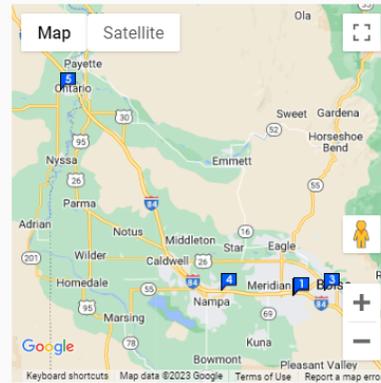
If you are fingerprinting at your testing center you will have three options; Boise, Pocatello and Spokane.

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.

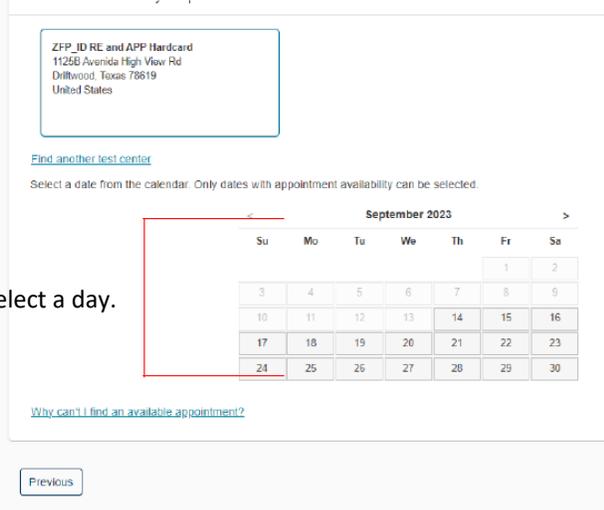
Test Center	Distance
<input type="checkbox"/> Pearson Professional Centers-Boise ID 9183 W Black Eagle Dr Boise, Idaho 83709 United States Test Center Information	0.7 mi
<input type="checkbox"/> Pearson VUE Test Center-Pocatello ID 812 East Clarke Street Suite E Re/Max Building Pocatello, Idaho 83201 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 99206 United States Test Center Information	4.5 mi



Next

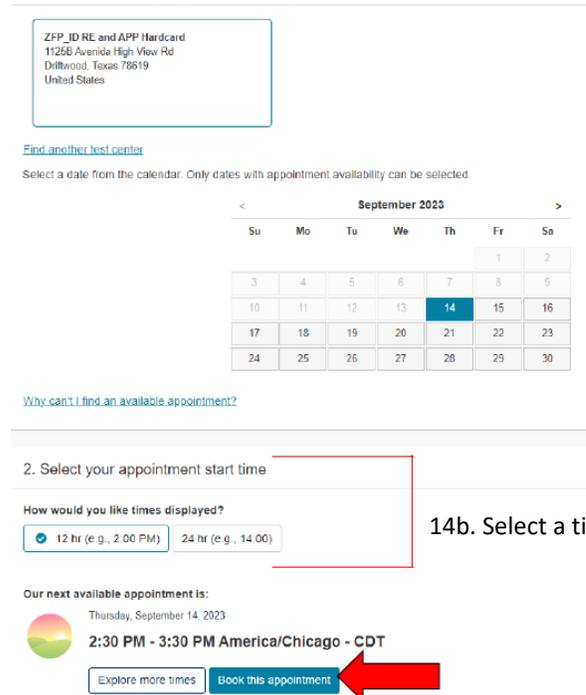
Step 14. Click on the day and time you want to take your exam, then click “Book this appointment”.

The page BEFORE you have selected a date



14a. Select a day.

The page AFTER you have selected a date



14b. Select a time.

Step 15. 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 InsID-AH0002: Idaho Disability/Health Producer Exam Modules: <ul style="list-style-type: none">GE-Health70PCT: General HealthID-Health: Idaho Health Language: English Length: 120 minutes	Appointment Monday, October 9, 2023 Start time: 9:00 AM America/Boise - MDT Change Appointment Location Boise State Proctoring and Certification Services Chrisway Annex II 1406 Chrisway Dr Boise, Idaho 83706 United States Change Test Center	65.00	Remove

[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 Goble

[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 16. Complete the payment process.

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

Step 17. Take your exam when and where you signed up for.

Step 18. Have your fingerprints taken for a background check.

18a. If you are having your fingerprints taken at the testing center you will have them taken at the same time as testing. No further action is needed for fingerprinting.

18b: If you are NOT having your fingerprints taken at the testing center please go to page 9 of this document.

Step 19. Apply for a license using [NIPR](#) immediately after you have submitted your fingerprints.

- 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 20. Click on “Go to Online Application” .



Step 21. Click on "Individual".

The screenshot shows the 'Identify Licensee' header. Below it are two 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'. A red arrow points to the 'Individual' option.

Step 22. Enter the identifying information and click "Next".

The screenshot shows the 'Identify Licensee' form 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)'. Below these is the text 'Select one identifier above' and a warning icon with the text 'Please select a search type'. At the bottom of the form is a checkbox labeled 'I accept the NIPR Use Agreement'. A red arrow points to the 'Next' button at the bottom right.

Step 23. Click "Start".

The screenshot shows the 'User Menu' header. Below it are two buttons: 'Start' with a pencil icon and 'Message Center' with an envelope icon. A red arrow points to the 'Start' button.

Step 24. Select the Producer Licensing, Initial and Resident buttons and click "Next".

The screenshot shows the 'Select Product' form. It has three sections: 'Product Type' with options 'Producer Licensing', 'Adjuster Licensing', 'Other Licensing', 'Contact Change Request (Change Address, Phone, or Email)', and 'PDB Detail Report'; 'Application Type' with options 'Initial', 'Renewal', and 'Add Line Of Authority'; and 'Residency Type' with options 'Resident', 'Non-Resident', and 'Non-Resident (No Home State)'. A red arrow points to the 'Next' button at the bottom right.

Step 25. Select "Idaho" from the list and click "Next".

The screenshot shows the 'Select a State' form. It has a search box and a list of states. 'IDAHO' is selected in the list. A blue 'Select' button is to the right of 'IDAHO'. A red arrow points to the 'Next' button at the bottom right.

Step 26. Select the line(s) of authority whose exam(s) you have passed.

The screenshot shows the 'Insurance Producer' form. It has several sections with checkboxes and 'Select All'/'Deselect All' buttons: 'Accident & Health or Sickness', 'Casualty', 'Life', 'Personal Lines', 'Property', 'Variable Life and Variable Annuity', 'Credit', 'Surety', 'Travel', 'Pet', 'Bail Bond Agent', 'Independent Adjuster', and 'Public Adjuster'. A red arrow points to the 'Accident & Health or Sickness' checkbox.

Notes: Personal Lines will not be issued if you are also applying for Property and Casualty. Credit, Pet and Travel are limited lines and do not have exams, Instead you are required submit the [attestation page](#) from the [Limited Lines Producer Pre-Licensing Manual](#).

Step 27. Verify your selections and the fee.

Fee Estimate

IDAHO

Edit

Insurance Producer

- Accident & Health or Sickness State Fee \$80.00
- Life 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 28. Enter all required information in each section and click “Next”.

Each "Next" will take you to the next section.

Biographic Data

Last Name

First Name

Middle Name

Suffix

Gender Male Female

Date of Birth

Are you a citizen of the United States? Yes No

If applicable, FINRA Individual CRD Depository (CRD)

Only Financial Industry Regulatory Authority (FINRA) numbers are allowed

Next →

Addresses

Phone Contact Data

Web Information

Affiliations

Background Questions

Step 29. Review the information for errors and click “Next”.

Biographic

First Name: JANE
Middle Name: DOE
Last Name:
Suffix:
Gender: FEMALE
Date of Birth: 06/15/1983

Are you a citizen of the United States? YES

Resident Address

Address Line 1: 123 MAIN ST.
City: BOISE
State: ID
Zip Code: 83708
Country: UNITED STATES OF AMERICA

Business Address

Address Line 1: 123 MAIN ST.
City: BOISE
State: ID
Zip Code: 83708
Country: UNITED STATES OF AMERICA

Mailing Address

Address Line 1: 123 MAIN ST.
City: BOISE
State: ID
Zip Code: 83708
Country: UNITED STATES OF AMERICA

Phone Contact Data

Business Phone: (208)555-5555
Home Phone: (208)555-5555

Web Contact Info

Personal Email: JANE@FAKE.COM
Business Email: JANE@FAKE.COM
Web Address: FAKE.COM
Business Entity Name: FAKE BUSINESS LLC

Aliases

#	From	To	Employer Position	City	Country	State
1	Apr / 2018	Apr / 2023	Test	Boise	United States Of America	Idaho

Affiliations

#	From	To	Employer Position	City	Country	State
1	Apr / 2018	Apr / 2023	Test	Boise	United States Of America	Idaho

Background Questions Responses

14. Have you ever been convicted of a misdemeanor that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
15. Have you ever been convicted of a felony that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
16. Do you have a criminal conviction involving dishonesty or fraud, or any other crime that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
17. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
18. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
19. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
20. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
21. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
22. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
23. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
24. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
25. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
26. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
27. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
28. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
29. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
30. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
31. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
32. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
33. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
34. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
35. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
36. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
37. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
38. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
39. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
40. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
41. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
42. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
43. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
44. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
45. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
46. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
47. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
48. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
49. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No
50. Have you ever been convicted of a felony offense that is a disqualifier as defined in or as you currently interpret the Insurance Code?	No

← Back Next →

Step 30. Answer the question and click “Next”.

Authorized Submitter

I am submitting for Myself Someone else

← Back Next →

Step 31. Read the attestation and click “I accept”, then click “Next”.

Attestation

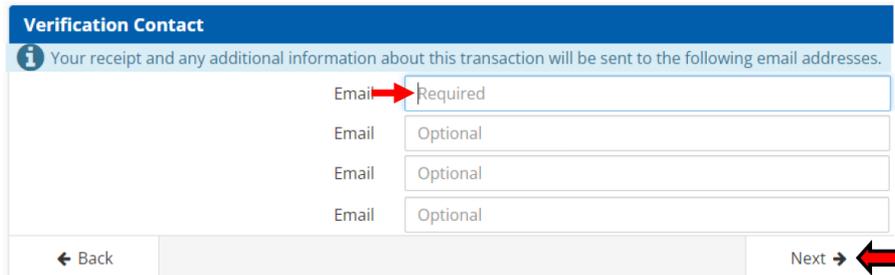
Read carefully and Accept to continue.

- 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 arrearage 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 32. Enter the e-mail(s) you want the transaction receipt to go to and click “Next”.



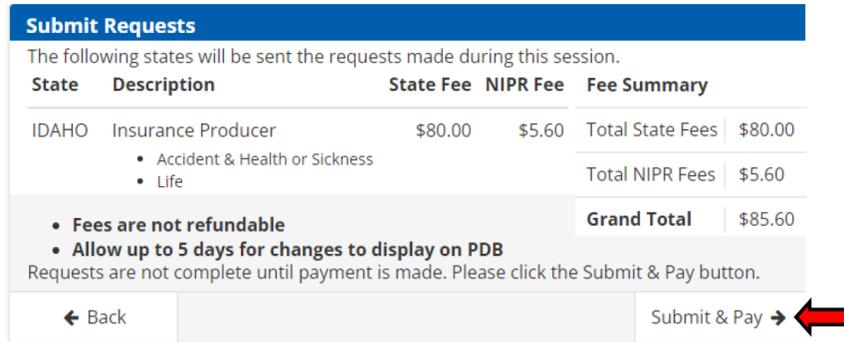
Verification Contact

i 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 33. Verify the transaction information and click “Submit & Pay”.



Submit Requests

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

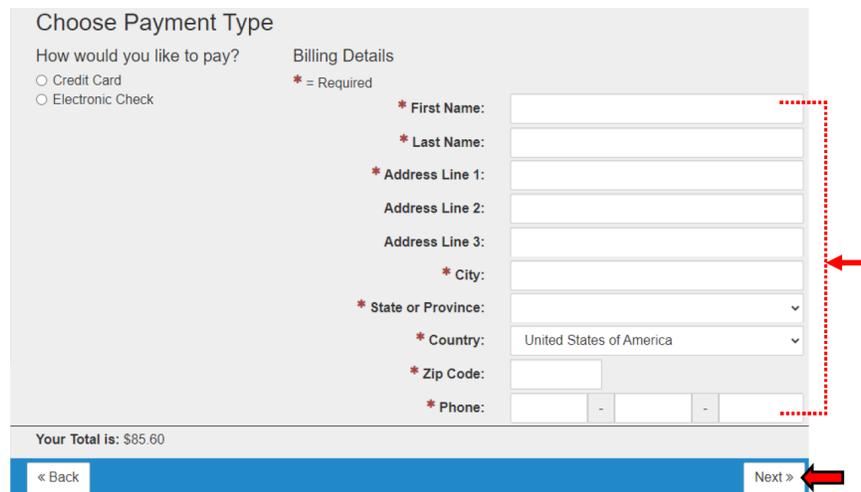
State	Description	State Fee	NIPR Fee	Fee Summary
IDAHO	Insurance Producer	\$80.00	\$5.60	Total State Fees \$80.00
	• Accident & Health or Sickness			Total NIPR Fees \$5.60
	• Life			
				Grand Total \$85.60

• 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 34. 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

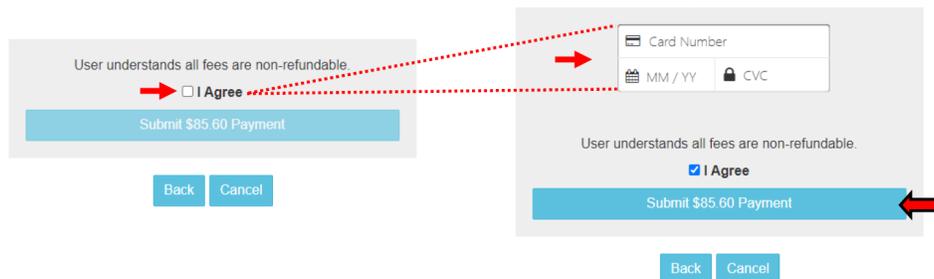
Billing Details
* = Required

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

Your Total is: \$85.60

« Back Next »

Step 35. 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 36. 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		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		DOB Year	
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		ARMED FORCES NO. MNU		CLASS					
		SOCIAL SECURITY NO. SOC 111-11-1111		REF							
		MISCELLANEOUS NO. MNU									

See pages 16-17 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.
[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
Candidate Handbook	171300	DPE	600 KB

Navigation menu:
 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](#)

Navigation buttons:
 Sign in (highlighted with red arrow)
 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

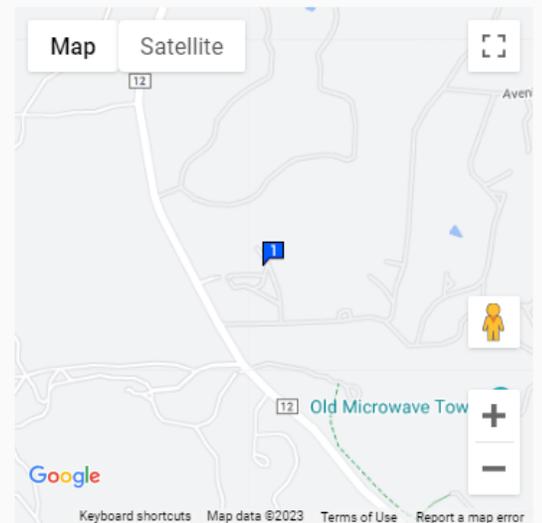
Search

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
  	Show km
ZFP_ID RE and APP Hardcard 1125B Avenida High View Rd Driftwood, Texas 78619 United States Test Center Information	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
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: _____ ALIASES: AKA _____ ORI (10) _____ CITIZENSHIP: CTZ SEX: _____ RACE: _____ HGT.: _____ WGT.: _____ EYES: _____ HAIR: _____ YOUR NO.: OCA						FBI LEAVE BLANK (11)	
RESIDENCE OF PERSON FINGERPRINTED _____		DATE (4) SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5) _____			DATE OF BIRTH (12) DOB (13) Month Day Year _____						PLACE OF BIRTH (14) POB (14) _____	
EMPLOYER AND ADDRESS _____		REASON FINGERPRINTED (7) _____			SOCIAL SECURITY NO. (16) SOC (16) MISCELLANEOUS NO. MNU LEAVE BLANK (15)						CLASS _____ REF _____	

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

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

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