How to Transfer Your Resident State to Idaho.

Licensees moving to Idaho must license as residents within 90 days of moving to Idaho or within 90 days of cancellation of their former home state license, whichever is first. If the licensee does not apply for their Idaho license within that time frame, they will need to follow the new licensee process, including testing.
Please follow the 6 steps below to ensure the process goes smoothly.

___**Step 1:** Be a resident of Idaho.
You need to have proof of residency in order to have your fingerprints processed.
Examples: Idaho drivers license, lease agreement, utility bill etc.

___**Step 2:** Have your Fingerprints taken for a background check.
Pages 9-11 of this document outline how to have your fingerprints taken with the Departments only vendor, Pearson Vue.

___ **Step 3:** Make your Application Packet.*
This packet must include:
____The completed paper application (pages 2-5 of this document).
____The completed CHRI release form/Non-Criminal Justice form(page 6 of this document).
____A copy of the fingerprint receipt from Pearson Vue.
____The **non-refundable** application fee of $80^{00}. This can be a check or money order made out to "Idaho Department of Insurance".

___ **Step 4:** Deliver the Application Packet.
Send the complete Application Packet to:

Idaho Department of Insurance
700 West State Street Floor 3
PO Box 83720
Boise, ID 83720-0043

___ **Step 5:** Wait to hear from the Department of Insurance.

The Department will contact you when it is time to move to step 6.

___ **Step 6**: Request a "Letter of Clearance" from your home state.
If your home state does not issue letters of clearance, you will need to follow your home state's prescribed procedure to terminate your license. Idaho will be unable to process your application until your home state posts the deactivation of your license to the PDB.

___ **Step 7**: Send the Letter of Clearance to agent@doi.idaho.gov with the subject line "Letter of Clearance for YOUR NAME".

* If you are transferring one of the following license types **and** do not already have a non-resident license in Idaho you will need to include the items listed below with the application packet.

____**Bail Bond Agents are also required to submit:**
____ A bond in the amount of $15,000. The bond must be on the DOI's bond form.
____ An Appointment to a Surety company. Please note the National Producer Number will be blank.

____ **Public Adjusters are also required to submit:**
____ A bond in the amount of $20,000. The bond needs to be on the DOI's bond form.

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

Application to Transfer the Resident State to Idaho

ENTITY TYPE SELECTION

License Type			
	___Insurance Producer	___Independent Adjuster	___Independent Adjuster-Designated Home State
	___Bail Bonds Agent	___Public Adjuster	___Surplus Lines

INDIVIDUAL DEMOGRAPHICS

SSN	Date of Birth	National Producer Number (NPN)		Gender
Last Name		**First Name**	**Middle Name**	**Suffix**
Domicile State	**Domicile Country**	**Are you a Citizen of the United States?**	**Resident License**	
Idaho		___Yes ___ No	Yes	
Are you a Veteran		**FINRA (CRD) Number**		
___Yes ___ No				

Residence Address (*PO boxes are not allowed)*			
Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Business Address (*PO boxes are not allowed)* ___ Copy From Residence Address			
Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

Mailing Address *(PO boxes are allowed)* ___ Copy From Residence Address ___Copy from Business Address			
Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

PHONE, EMAIL, WEBSITE

Phone	**Residence**	**Business**	**Other**
Email	**Personal**	**Business**	**Other**
Website			

ALIAS NAMES

Last Name	First Name	Middle Name	Name Type	Effective Date

EMPLOYMENT HISTORY

Employer Name	Position Held	From (mm/yyyy)	To (mm/yyyy)	City	State	Country

AGENCY or BUSINESS ENTITY AFFILIATIONS *(Optional)*

Business Name	FEIN	National Producer Number (NPN)	License Number

LINE OF AUTHORITY (Producer Applications Only)

Only lines of authority held on the license being transferred can be selected.

Major Lines Of Authority

☐ Accident & Health or Sickness ☐ Life ☐ Casualty ☐ Property ☐ Personal Lines ☐ Surety
☐ Variable Life and Variable Annuity* (CRD # is required)

Limited Lines of Authority

☐ Credit ☐ Crop ☐ Pet ☐ Travel

**Applicants are not required to test for Variable Life and Variable Annuity. However, they are required to hold the Life LOA and have an active CRD #*

BACKGROUND QUESTIONS

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Have you EVER been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ☐ No ☐

You ma intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you EVER been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes ☐ No ☐

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court) NA ☐ Yes ☐ No ☐

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? (Note: For detailed information related to the requirements of 18 USC 1033 as it pertains to insurance licensing please refer to the NAIC publication "Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994" https://www.naic.org/documents/prod_serv_legal_sir_op.pdf NA ☐ Yes ☐ No ☐

If so, was consent granted? (Attach a copy of 1033 consent approved by home state.) Yes ☐ No ☐

1c. Have you EVER been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes ☐ No ☐

2. Have you EVER been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?
"Involved" means having a license or registration censured, suspended, revoked, canceled, terminated, restricted; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license, or entering into a settlement to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration.

"Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company or any other position that exercises management or control over the business. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal or late filing fee.

If you answer yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Yes ☐ No ☐

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies or have you EVER been subject to a bankruptcy proceeding?

Do not include personal bankruptcies, unless they involve funds held on behalf of others, which would include, but is not limited to, deposits, insured's premium payments, employee tax withholdings, escrow accounts, or any monies held by you in a capacity for third parties.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

Yes ☐ No ☐

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?
If you answer yes, identify the jurisdiction(s) : _____

Yes ☐ No ☐

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
If you answer yes, you must attach to this application :
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency or securities broker contract or any other business relationship with an insurance company or securities business terminated for any alleged misconduct? Yes ☐ No ☐

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

7.Do you have a child support obligation in arrearage? Yes ☐ No ☐

If you answer yes,
a) by how many months are you in arrearage? _____months

b) are you subject of a child support related subpoena/warrant? Yes ☐ No ☐

c) are you currently subject to a repayment agreement? Yes ☐ No ☐

d) are you currently in compliance with the repayment agreement? NA ☐ Yes ☐ No ☐

(If you answered yes to 7 (c), provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting, or have you previously submitted document(s) to the NAIC/NIPR Attachments Warehouse? NA ☐ Yes ☐ No ☐

APPLICANT'S CERTIFICATION AND ATTESTATION

The Applicant must read the following very carefully:

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

8. 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).

_____
Month/Day/Year

_____
Applicant Signature

_____
Full Legal Name (Printed or Typed)

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 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 update 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 the attorney general has approved.

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). 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. Fingerprints will be searched against all available fingerprints retained in the NGI system. 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. Idaho does not retain non-police applicant fingerprints, and those prints are not retained at the FBI for future comparisons against submitted fingerprint requests at the time of the applicant's submission.

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 can be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-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 https://isp.idaho.gov/bci/criminal-history/

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 197 4 (5 USC 5 52a(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 1n the Federal Register describing any systems(s), of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

How to Sign-up to Have Your Fingerprints Taken.

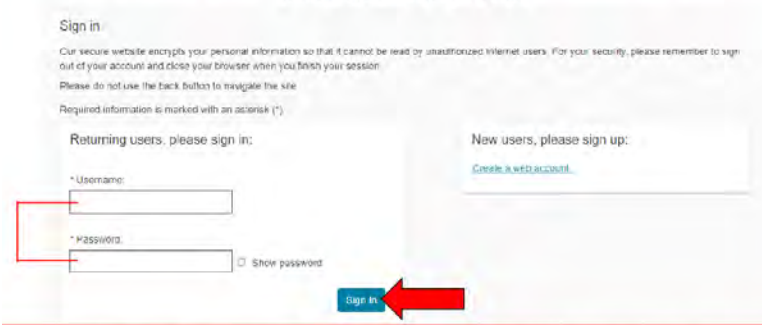
Step 1: Go to the Idaho Department of Insurance's Pearson Vue page to register for the exam.
https://home.pearsonvue.com/id/insurance



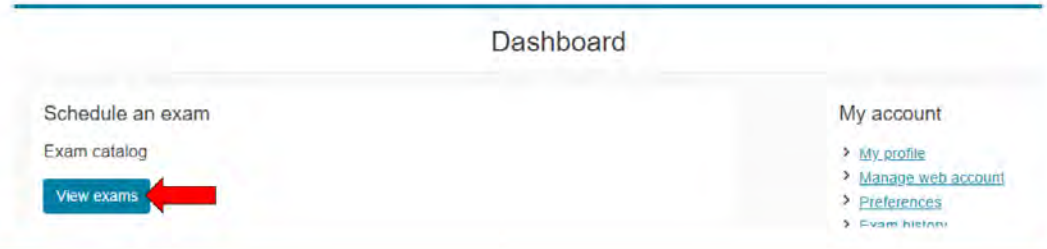
Step 2: Click "Sign in".
Note: If you do not have a Pearson Vue account you will need to select "Create account" and set one up.



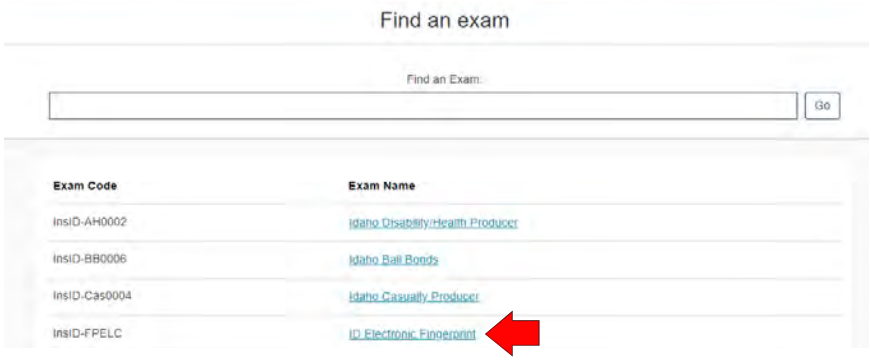
Step 3. Enter your log in information and click "Sign In".



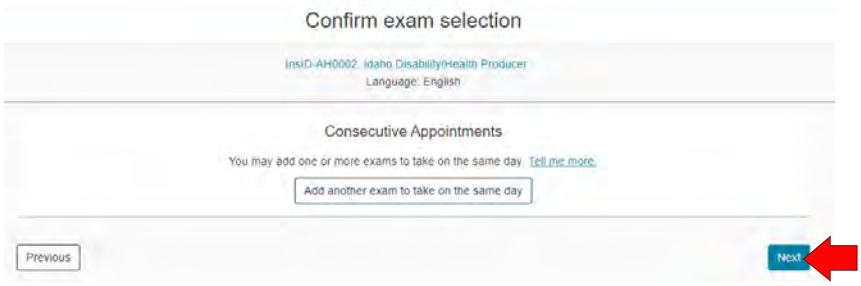
Step 4. In the "Schedule an Exam" box click, "View exams".



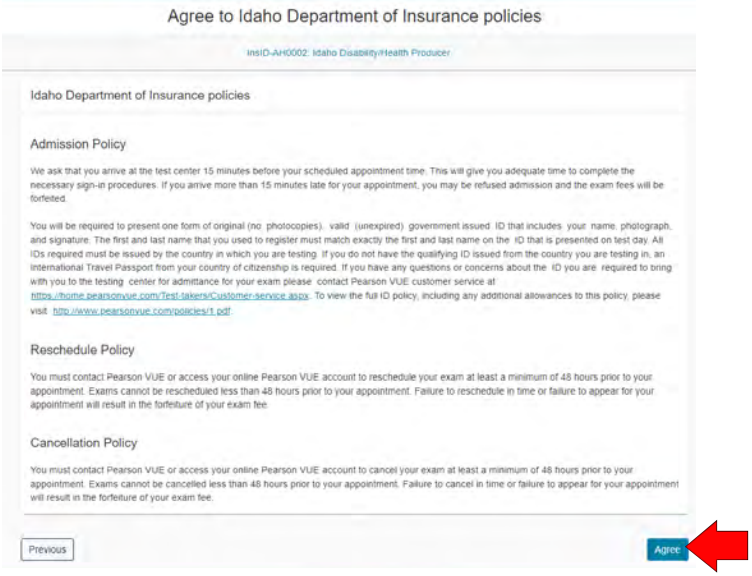
Step 5. Click on ID Electronic Fingerprint.



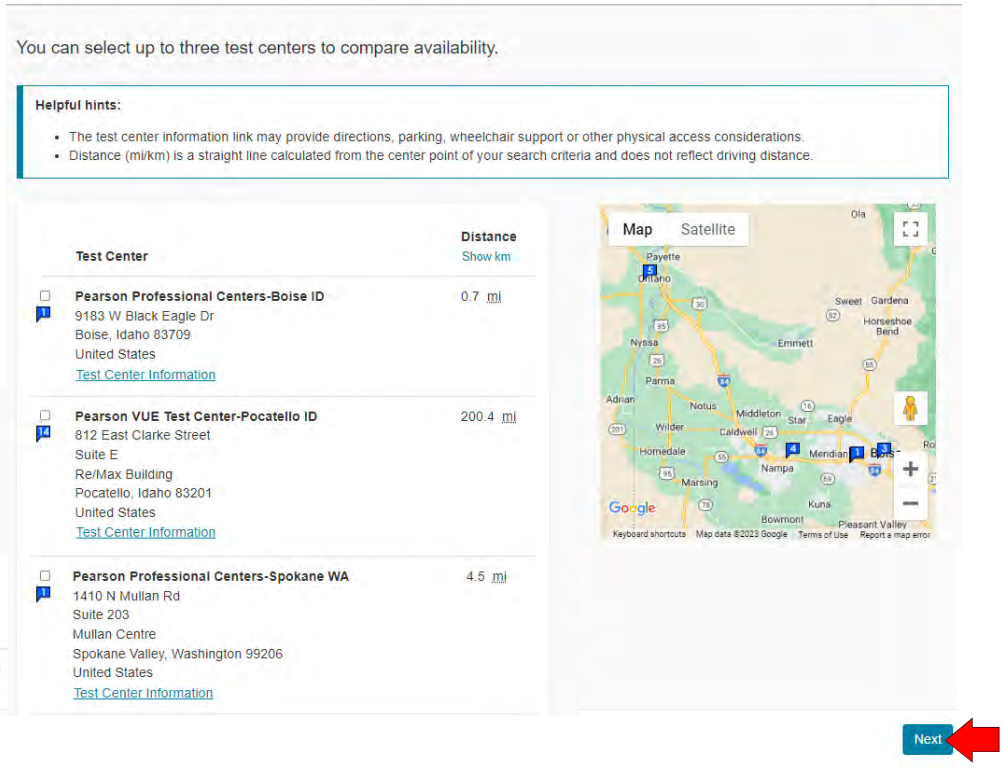
Step 6. Click “Next”.



Step 7. Review the information and click “Agree”.

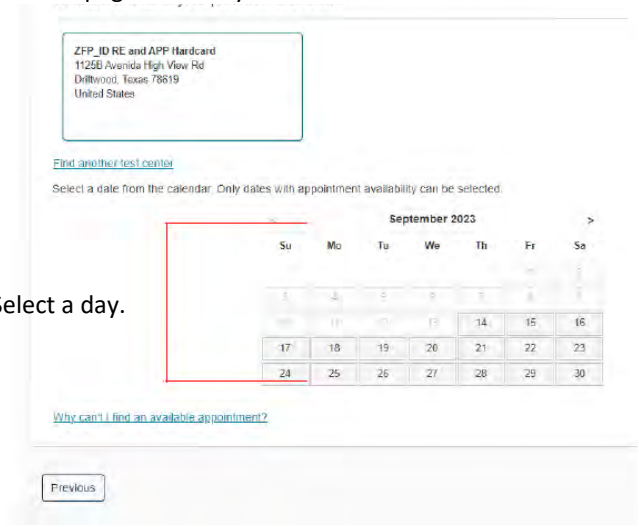


Step 8. Select your testing center and click “Next”.



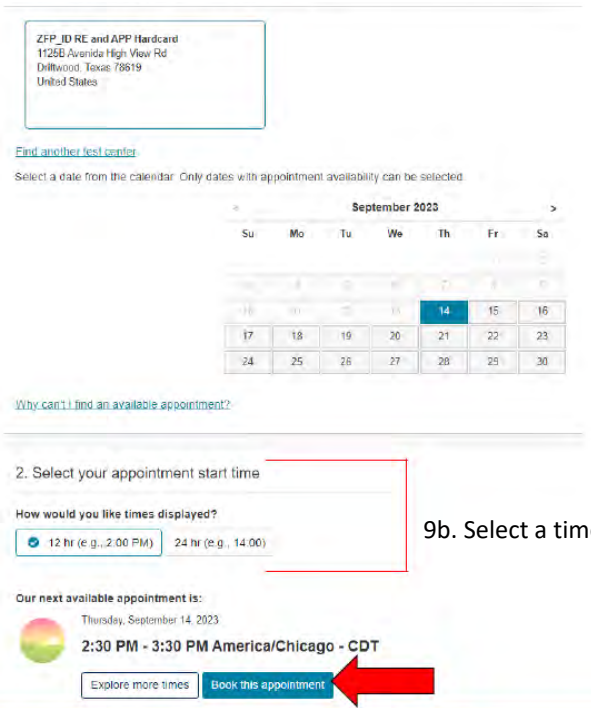
Step 9. Click on the day and time you want, and click “Book this appointment”.

The page BEFORE you have selected a date



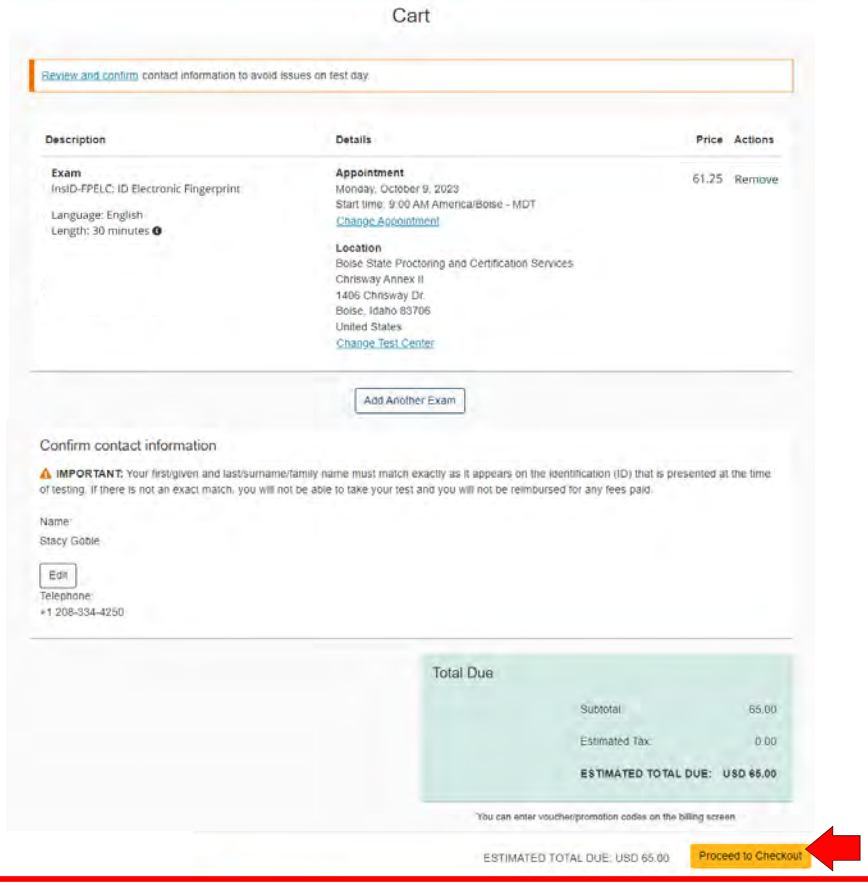
9a. Select a day.

The page AFTER you have selected a date



9b. Select a time.

Step 10. Review the information; if it is correct, click “Proceed to Checkout”.



Step 11. Complete the payment process.

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