

## 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.

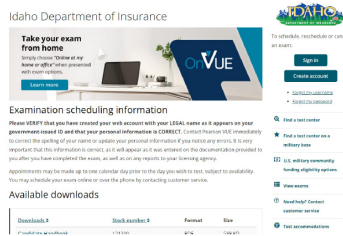
- Idaho does not require pre-licensing education; however, we strongly recommend reviewing the [content outline](#) for the line of authority you wish to carry.
- The Department does not provide study material for the exam. A list of third party entities who provide study material can be found on our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



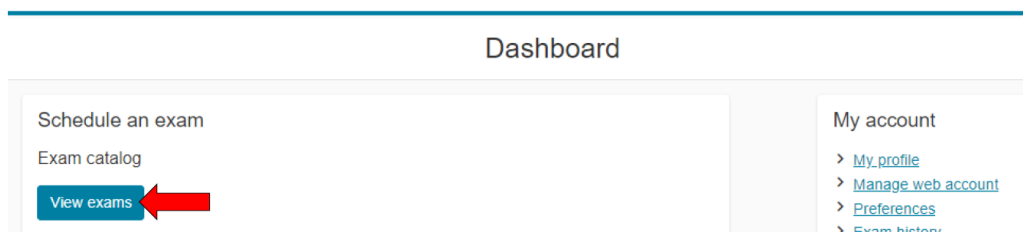
### Step 4: Click "Sign in".

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	<a href="#">Idaho Disability/Health Producer</a>
InsID-BB0006	<a href="#">Idaho Bail Bonds</a>
InsID-Cas0004	<a href="#">Idaho Casualty Producer</a>
InsID-FPELC	<a href="#">ID Electronic Fingerprint</a>
InsID-FPHC	<a href="#">ID Fingerprint Hard Card</a>
InsID-IndAdj0009	<a href="#">Idaho Independent Adjuster</a>
InsID-Life0001	<a href="#">Idaho Life Producer</a>
InsID-Pers0005	<a href="#">Idaho Personal Lines Producer</a>
InsID-Prop0003	<a href="#">Idaho Property Producer</a>
InsID-PubAdj0007	<a href="#">Idaho Public Adjuster</a>
InsID-Sur0008	<a href="#">Idaho Surety Producer</a>

**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

IdHD-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 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 [info@thepearsonvue.com/TestSites/CustomerService.aspx](mailto: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/bolides1.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
	Show km
<input type="checkbox"/> Pearson Professional Centers-Boise ID 9183 W Black Eagle Dr Boise, Idaho 83709 United States <a href="#">Test Center Information</a>	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 <a href="#">Test Center Information</a>	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 <a href="#">Test Center Information</a>	4.5 mi

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

[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
<b>ESTIMATED TOTAL DUE:</b>	<b>USD 65.00</b>

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.

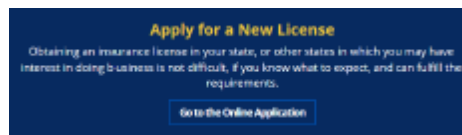
**17a.** If you are having your fingerprints taken at the testing center you will have them taken at your scheduled time.

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

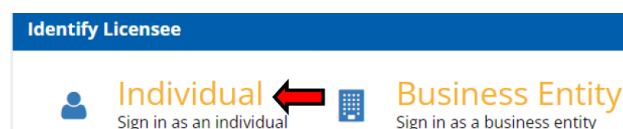
**Step 18.** Apply for a license using [NIPR](#)

- 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”.

**Step 22.** Click “Start”.

**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.

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

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

**Step 26.** Verify your selections and the fee.

**Step 27.** 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

**▲ First Name is a required field**

Middle Name

Optional Suffix

optional Gender  Male  Female

Date of Birth

Are you a citizen of the United States?  Yes  No

If applicable, FINRA Individual CRD

Optional Only Financial Industry Regulatory Authority (FINRA) numbers are allowed

**Next →**

Addresses

Phone Contact Data

Web Information

Affiliations

Background Questions

**Step 28.** Review the information for errors and click "Next".

<b>Biographic</b>	First Name: JANE Middle Name: DOE Last Name: DOE Suffix: FEMALE Date of Birth: 06/13/1983 Are you a citizen of the United States? YES If applicable, FINRA Individual Central Registration Depository (CRD):	<b>Aliases</b> Do not enter for this section. <b>Employment History</b> # From To Employer Position City Country State 1 Apr 2018 Apr 2023 Test Test United States Of America Idaho
<b>Resident Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	<b>Background Questions Responses</b> Do not answer for this section. 1. Do you have any pending or completed insurance licenses? No 2. Have you ever been convicted of a felony, had a judgment withheld or entered, or are you currently charged with a criminal offense? No 3. Have you ever been convicted of a felony or had a judgment withheld or entered, or are you currently charged with a criminal offense, within the last 10 years? No 4. Have you ever been convicted of a felony or had a judgment withheld or entered, or are you currently charged with a criminal offense, within the last 10 years? No 5. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 6. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 7. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 8. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 9. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 10. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 11. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 12. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 13. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 14. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 15. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 16. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 17. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 18. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 19. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No 20. Have you ever been named or involved in a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding your professional or occupational license registration? No
<b>Business Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	
<b>Mailing Address</b>	Address Line 1: 123 MAIN ST. City: BOISE State: ID Zip Code: 83709 Country: UNITED STATES OF AMERICA	
<b>Phone Contact Data</b>	Business Phone: (208)555-5555 Home Phone: (208)555-5555	
<b>Web Contact Info</b>	Personal Email: FAKE@FAKE.COM Business Email: FAKE@FAKE.COM Web Address: FAKE.COM Business Entity Name: FAKE BUSINESS LLC	

**Next →**

**Step 29.** Answer the question and click "Next".

**Authorized Submitter**

I am submitting for:  Myself  Someone else

**Next →**

**Step 30.** Read the attestation and click "I accept" then click "Next".

**Attestation** HAMMOND, FLESHMAN, DAWN ANN

Read carefully and Accept to continue.

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation 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

**Next →**

**Step 31.** Enter the e-mail(s) you want the transaction receipt to go to and click "Next".

**Verification Contact**

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

Email  Required

Email  Optional

Email  Optional

Email  Optional

**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
				<b>Grand Total</b>   \$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:  United States of America  
\* 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

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- 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

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- 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.

<b>APPLICANT</b> <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		OR 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 <b>IDC 41-1011 Insurance License</b>		FBI NO.	FBI	ARMED FORCES NO.	MNU	CLASS													
		SOCIAL SECURITY NO.	SOC	REF															
		MISCELLANEOUS NO.	MNU																

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	200 KB

Navigation buttons: Sign in, Create account, Find a test center, 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.

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

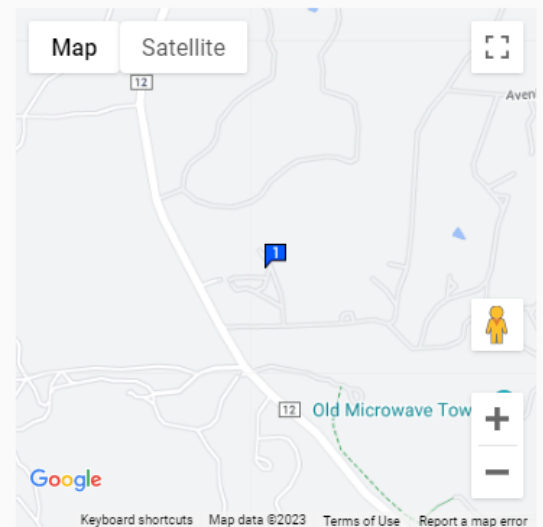
Search

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
  	<a href="#">Show km</a>
<b>ZFP_ID RE and APP Hardcard</b> 1125B Avenida High View Rd Driftwood, Texas 78619 United States <a href="#">Test Center Information</a>	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.

<b>APPLICANT</b> <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: <b>NAM</b> FIRST NAME: _____ MIDDLE NAME: _____ (8)			FBI LEAVE BLANK (11)			
RESIDENCE OF PERSON FINGERPRINTED _____ (3)		ALIASES <b>AKA</b> _____ (9)			<b>ORI</b> (10) _____			DATE OF BIRTH <b>DOB</b> Month Day Year (13)			
DATE (4)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____ (5)			CITIZENSHIP <b>CTZ</b>	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <b>POB</b> (14)
EMPLOYER AND ADDRESS _____ (6)		YOUR NO. <b>OCA</b>			LEAVE BLANK (15)						
REASON FINGERPRINTED _____ (7)		FBI NO. <b>FBI</b>			CLASS _____						
		ARMED FORCES NO. <b>MNU</b>			REF _____						
		SOCIAL SECURITY NO. <b>SOC</b> (16) _____									
		MISCELLANEOUS NO. <b>MNU</b>									

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

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

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small> 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: <b>NAM</b> FIRST NAME: <b>Timothy</b> MIDDLE NAME: <b>Allen</b>			FBI LEAVE BLANK			
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES <b>AKA</b> Red Robin			<b>ORI</b> ID 001025Y			DATE OF BIRTH <b>DOB</b> Month Day Year 07 04 1993			
DATE 07/05/23	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Officer Jim Gordon</i>			CITIZENSHIP <b>CTZ</b>	SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <b>POB</b>
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		YOUR NO. <b>OCA</b>			LEAVE BLANK						
REASON FINGERPRINTED <b>IDC 41-1011 Insurance License</b>		FBI NO. <b>FBI</b>			CLASS _____						
		ARMED FORCES NO. <b>MNU</b>			REF _____						
		SOCIAL SECURITY NO. <b>SOC</b> 111-11-1111									
		MISCELLANEOUS NO. <b>MNU</b>									