

How to Apply for a Resident Limited Lines 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.

- Credit insurance: Credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability, guaranteed automobile protection (GAP) insurance.
- Pet insurance: Insurance to cover medical expenses for pets.
- Travel insurance: Transportation baggage insurance, transportation ticket policies covering personal accident insurance. The travel limited line is only required of wholesale entities, along with their designated responsible licensed producer. Travel producers must report at application, and annually thereafter, the retail outlets and individuals authorized under the wholesaler's license, along with Idaho annual written premium for travel insurance, which can be submitted on the Department approved form.
- Portable Electronics: Portable Electronics is only available to business entities. Please review the Portable Electronics portion of our website for more information regarding this license type.
- Surety: Fidelity insurance, which is insurance guaranteeing the fidelity of persons holding positions of public or private trust.

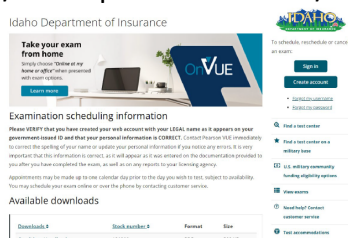
Step 2. Read the [Limited Lines Producer Pre-Licensing Manual](#)

- Idaho does not require pre-licensing education.
- You will need to print and sign the attestation page of the manual.

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>



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.



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.](#)

[Sign in](#)

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

Dashboard

Schedule an exam

Exam catalog

[View exams](#)

My account

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

Step 8. Click on "ID Electronic Fingerprint".

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 |
| 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 are applying for Surety click click “Add another exam to take on the same day” and repeat steps 7-9, selecting “Idaho Surety Producer” as the exam, otherwise click “Next”.

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. [Click here.](#)


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

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

Step 10. If you are applying for Surety select if you want to take the exam in person or on your computer and click next. If you are not applying for Surety skip this step.

How do you want to take your exam?

 In person at a test center

 Online with OnVUE


[Previous](#)


Step 11. If you are applying for Surety read the information and click "Next".
If you are not applying for Surety skip this step.

Select exam options


InsID-AH0002: Idaho Disability/Health Producer


How do you want to take your exam?


 In person at a test center

 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 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](#)

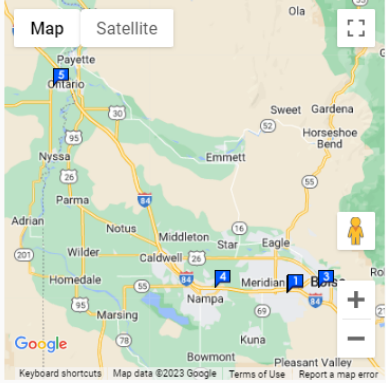
Step 13. Select your testing center and click “Next”.

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 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.

ZFP_ID RE and APP Hardcard
11258 Avenida High View Rd
Drillwood, 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](#)

The page AFTER you have selected a date

14b. Select a time.

ZFP_ID RE and APP Hardcard
11258 Avenida High View Rd
Drillwood, 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](#)

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. Go to your appointment.

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

The Department STRONGLY encourages you to have your fingerprints taken at Pearson Vue

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

- Once you have submitted your fingerprints you will need to go to [NIPR.com](#) and apply for a License.
- If you are applying for Surety you will also need to have passed the exam.
- *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” .

Apply for a New License

Obtaining an insurance license in your state, or other states in which you may have interest in doing business is not difficult, if you know what to expect, and can fulfill the requirements.

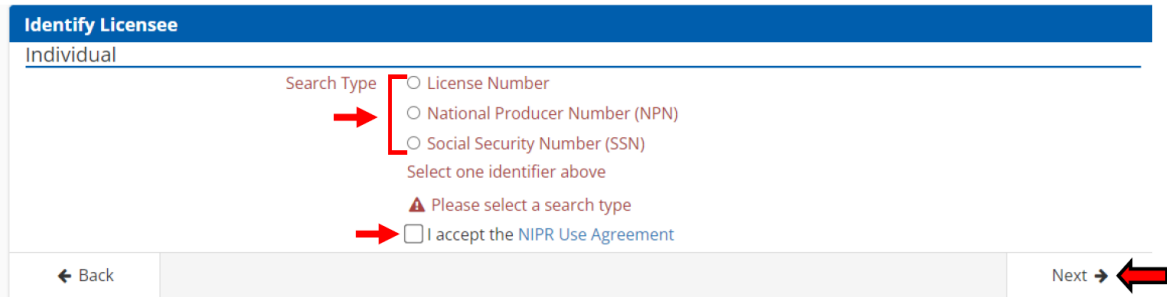
[Go to the Online Application](#)

Step 21. Click on “Individual”.



The screen is titled "Identify Licensee". It has two main 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”.



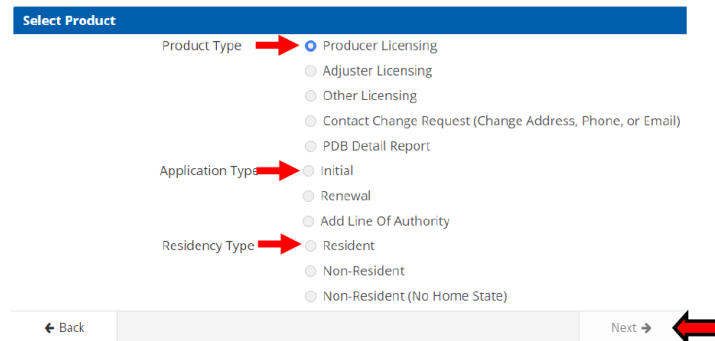
The screen is titled "Identify Licensee" and has a sub-header "Individual". It contains a "Search Type" section with three radio button options: "License Number", "National Producer Number (NPN)", and "Social Security Number (SSN)". Below these is the text "Select one identifier above" and a warning triangle icon with the text "Please select a search type". At the bottom, there is a checkbox labeled "I accept the NIPR Use Agreement" and a "Next" button. Red arrows point to the "Social Security Number (SSN)" option and the "Next" button.

Step 23. Click "Start".



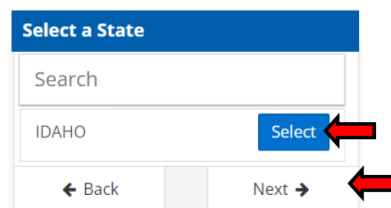
The screen is titled "User Menu". It has two buttons: "Start" with a pencil icon and "Message Center" with an envelope icon. A red arrow points to the "Start" button.

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



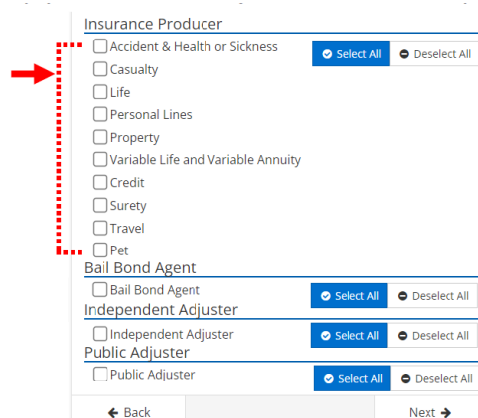
The screen is titled "Select Product". It has three sections: "Product Type" with radio button options "Producer Licensing", "Adjuster Licensing", "Other Licensing", "Contact Change Request (Change Address, Phone, or Email)", and "PDB Detail Report"; "Application Type" with radio button options "Initial", "Renewal", "Add Line Of Authority", and "Non-Resident"; and "Residency Type" with radio button options "Resident", "Non-Resident", and "Non-Resident (No Home State)". Red arrows point to the "Producer Licensing", "Initial", and "Resident" options. At the bottom, there is a "Next" button.

Step 25. Select “Idaho” from the list and click “Next”.



The screen is titled "Select a State". It has a search bar with the text "IDAHO" and a "Select" button. Below the search bar, there is a list of states. Red arrows point to the "Select" button and the "Next" button at the bottom.

Step 26. Select the line(s) of authority you are applying for.



The screen is titled "Insurance Producer". It has a list of checkboxes for various lines of authority: "Accident & Health or Sickness", "Casualty", "Life", "Personal Lines", "Property", "Variable Life and Variable Annuity", "Credit", "Surety", "Travel", and "Pet". Below this list, there are three sections: "Bail Bond Agent", "Independent Adjuster", and "Public Adjuster", each with a checkbox and a "Select All" button. Red arrows point to the "Accident & Health or Sickness" checkbox and the "Select All" button for "Independent Adjuster". At the bottom, there is a "Next" button.

Step 27. Verify your selections and the fee.

Fee Estimate

IDAHO

Edit

Insurance Producer

- Accident & Health or Sickness
- Life

State Fee

NIPR Fee

Total State Fees

Total NIPR Fees

Grand Total

\$80.00

\$5.60

\$80.00

\$5.60

\$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

Optional

Suffix

Optional

Gender

☐ Male

☐ Female

Date of Birth

MM/DD/YYYY

If you are 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 29. Review the information for errors and click “Next”.

[illegible]

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 HAGAMOND ELLISAH DAWN ANHN

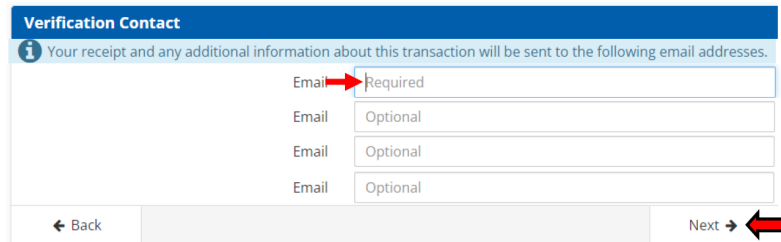
i Read carefully and **Accept** to continue.

- 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 arrange 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 jurisdiction(s) 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 jurisdiction(s) 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).

➡ ☒ Accept

← Back
Next →

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



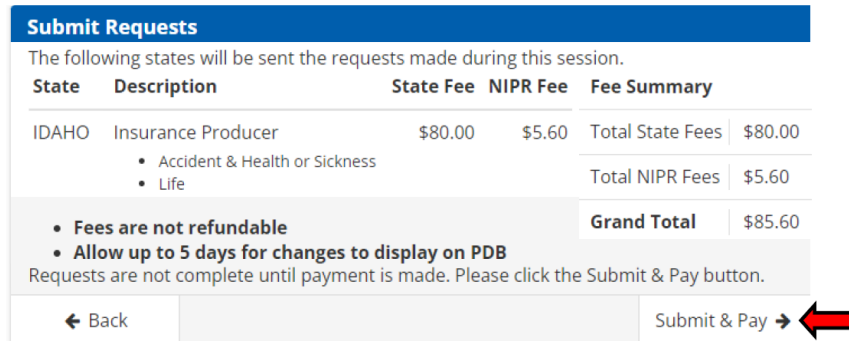
Verification Contact

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

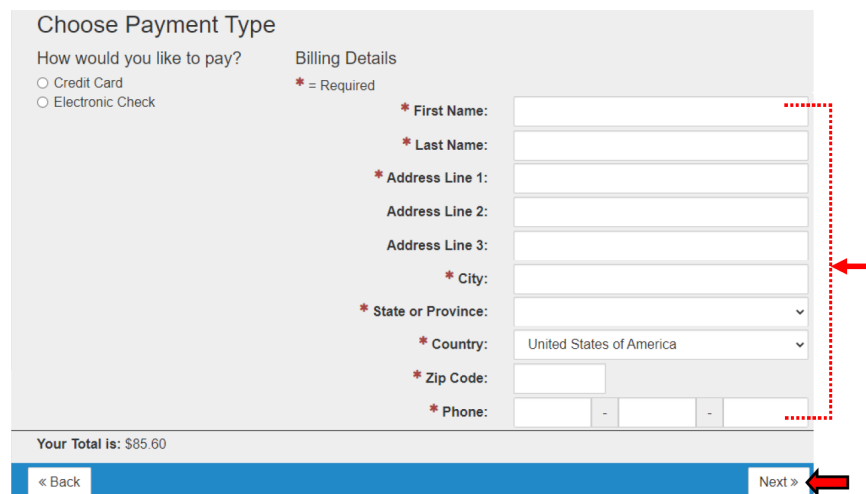
The following states will be sent the requests made during this session.

| 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 | | | |
| | Fees are not refundable | | | Grand Total \$85.60 |
| | 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:

* Zip Code:

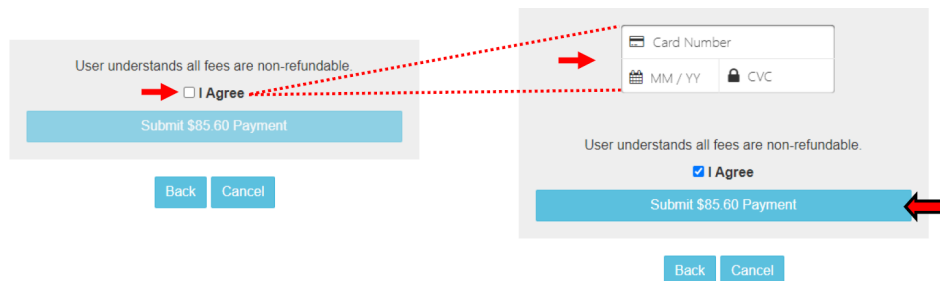
* Phone:

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 the attestation page from the Limited Lines Producer Pre-Licensing Manual or if Surety is being applied for Pass Slip(s) from Exam.
- 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 | Electronic Finger Printing |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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. | <ul style="list-style-type: none">• 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 NAM Drake | | FIRST NAME Timothy | | MIDDLE NAME Allen | | |
| RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111 | | ALIASES AKA Red Robin | | OR 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 | |
| EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111 | | | | YOUR NO. OCA | LEAVE BLANK | | | | | HAIR WC |
| REASON FINGERPRINTED IDC 41-1011 Insurance License | | | | FBI NO. FBI | CLASS | | | | | PLACE OF BIRTH POB New York |
| | | | | ARMED FORCES NO. MNU | REF | | | | | |
| | | | | SOCIAL SECURITY NO. SOC 111-11-1111 | | | | | | |
| | | | | 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 |

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](#)

[Sign in](#)

[Create account](#)

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

Idaho Department of Insurance

Sign in

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

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

Required information is marked with an asterisk (*).

Returning users, please sign in:

* Username:

* Password:

☐ Show password

Sign In

New users, please sign up:

[Create a web account.](#)

Step 6. In the “Schedule an Exam” box click “View exams”.

Note: You are booking your fingerprints an time slot **to be examined**, you are not taking an

Dashboard

Schedule an exam

Exam catalog

View exams

My account

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

Step 7. Select the option whose Exam Code is “InsID-FPHC” and Exam Name is” ID Fingerprint Hard Card”

Find an exam

Find an Exam:

Go

Exam Code

Exam Name

InsID-AH0002

[Idaho Disability/Health Producer](#)

InsID-BB0006

[Idaho Bail Bonds](#)

InsID-Cas0004

[Idaho Casualty Producer](#)

InsID-FPELC

[ID Electronic Fingerprint](#)

InsID-FPHC

[ID Fingerprint Hard Card](#)

Step 8. Click “Next”.

Note: DO NOT ADD ANOTHER EXAM.

Confirm exam selection

InsID-FPHC: ID Fingerprint Hard Card
Language: English

Consecutive Appointments

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

Add another exam to take on the same day

Previous

Next

Step 9. Click “Agree”.

Note: *Nothing* on the screen applies to Hard Card Fingerprint Examinations.

Agree to Idaho Department of Insurance policies

InsID-FPHC: ID Fingerprint Hard Card

Idaho Department of Insurance policies

Admission Policy

We ask that you arrive at the test center 15 minutes before your scheduled appointment time. This will give you adequate time to complete the necessary sign-in procedures. If you arrive more than 15 minutes late for your appointment, you may be refused admission and the exam fees will be forfeited.

You will be required to present one form of original (no photocopies), valid (unexpired) government issued ID that includes your name, photograph, and signature. The first and last name that you used to register must match exactly the first and last name on the ID that is presented on test day. All IDs required must be issued by the country in which you are testing. If you do not have the qualifying ID issued from the country you are testing in, an International Travel Passport from your country of citizenship is required. If you have any questions or concerns about the ID you are required to bring with you to the testing center for admittance for your exam please contact Pearson VUE customer service at <https://home.pearsonvue.com/Test-takers/Customer-service.aspx>. To view the full ID policy, including any additional allowances to this policy, please visit <http://www.pearsonvue.com/policies/1.pdf>.

Reschedule Policy

You must contact Pearson VUE or access your online Pearson VUE account to reschedule your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be rescheduled less than 48 hours prior to your appointment. Failure to reschedule in time or failure to appear for your appointment will result in the forfeiture of your exam fee.

Cancellation Policy

You must contact Pearson VUE or access your online Pearson VUE account to cancel your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be cancelled less than 48 hours prior to your appointment. Failure to cancel in time or failure to appear for your appointment will result in the forfeiture of your exam fee.

Previous

Agree

Step 9. Only one option should be on the page.

Click the button above the blue box with a white one on it and click next.

Find a test center

InsID-FPHC: ID Fingerprint Hard Card

700 W state St, Boise ID 83720

Search

You can select up to three test centers to compare availability.

Helpful hints:

- The test center information link may provide directions, parking, wheelchair support or other physical access considerations.
- Distance (mi/km) is a straight line calculated from the center point of your search criteria and does not reflect driving distance.



Test Center

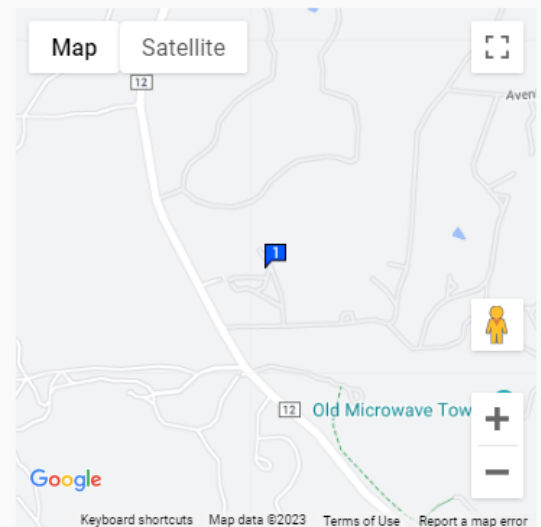
Distance

[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)

Our next available appointment is:

Thursday, September 14, 2023

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

[Explore more times](#)

[Book this appointment](#)

10b. Select a time.

Step 12. Review the information on this screen to ensure you have selected the correct options.

If everything looks 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 Location ZFP_ID RE and APP Hardcard 1125B Avenida High View Rd Driftwood, Texas 78619 United States Change Test Center | 61.25 | Remove |

These sections should read exactly as shown.

[Add Another Exam](#)

Confirm contact information

⚠ IMPORTANT: Your first/given and last/surname/family name must match exactly as it appears on the identification (ID) that is presented at the time of testing. If there is not an exact match, you will not be able to take your test and you will not be reimbursed for any fees paid.

Name:
Jane Smith

[Edit](#)

Telephone:
+ 1-555-867-5309

Total Due

Subtotal: 61.25

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: USD 61.25

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

ESTIMATED TOTAL DUE: USD 61.25

[Proceed to Checkout](#)

Step 13. Complete the payment process.

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

Enter payment and billing


Order Total

| | |
|----------------------------------------|-------|
| Subtotal: | 61.25 |
| Estimated Tax: | 0.00 |
| ESTIMATED TOTAL DUE: USD \$1.25 | |

[Add Voucher or Promo Code](#) [What is this?](#)

Required information is marked with an asterisk (*). Enter information on this page in the single byte alphanumeric characters.

Payment



*Payment type:

Step 14. Print the Pearson VUE Confirmation of Payment email.

Note: Pearson Vue will e-mail you a confirmation once your purchase is finalized.

You will need it twice, once when you mail the fingerprints and again to submit with your application.

Step 15. Mail completed fingerprint card and printed payment confirmation email via USPS to:

Idaho Dept. of Insurance Fingerprints

OHTI

1125B Avenida High View Rd.

Driftwood, TX 78619

Do NOT send the completed card to the Department of Insurance.

You MUST include the payment confirmation.

You MUST send it via USPS.

How to fill out fingerprint hard card

Black is the only acceptable color of ink for all required fields on the top portion of the card (NOTE: missing or incomplete information will cause a delay in completion of the background screening).

The following fields that **MUST** be completed in their entirety are:

RESIDENCE OF PERSON FINGERPRINTED: Your complete home address including house number, street name, apartment or unit number, city, state and zip code.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Signature of the official taking the fingerprints. The applicant **DOES NOT** sign here.

DATE: The date the fingerprints are taken.

SIGNATURE OF PERSON FINGERPRINTED: This must be your legal signature.

EMPLOYER AND ADDRESS: This is only if you are employed, otherwise leave blank.

REASON FINGERPRINTED: This is always **IDC 41-1011-Insurance License**.

LAST NAME NAM: Applicants legal last name.

FIRST NAME: This should be your name as it appears on your birth certificate.

MIDDLE NAME: This should be your name as it appears on your birth certificate.

ALIASES AKA: This is only required if you have used an alias such as a maiden name or a married name.

ORI: This is always **ID001025Y**

CITIZENSHIP CTZ: The country the applicant is a citizen of.

SEX: F=Female M=Male X=Unknown

RACE: A = Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands)

B = Black (a person having origins in any of the black racial groups of Africa)

I = American Indian or Alaskan Native (American Indian, Eskimo, or Alaskan Native)

U = Unknown (of indeterminable race)

W = White (a person having origins in any of the original peoples of Europe, North Africa, or Middle East)

-Records for Hispanics should be entered with the race code most closely representing the individual.

HGT.: Height is written as 3 digits with no punctuation. For example five foot five inches is written as 505.

WGT.: Weight is rounded to the nearest pound.

EYES: BLK= Black BLU = Blue BRO=Brown GRY=Gray MUL= Multicolored GRN = Green

HAZ= Hazel MAR= Maroon PNK=Pink XXX = Unknown

HAIR: BLD= Bald PNK= Pink SDY= Sandy ONG= Orange BLU= Blue GRN= Green

WC= Black RED= Red (or auburn) WHI= White BLN= Blonde (or strawberry)

BRO= Brown GRY= Gray (or partially gray)

XXX=Unknown or completely Bald (Also enter BALD in the scars, marks, tattoos, and other characteristics Field (SMT))

PLACE OF BIRTH POB: The state or country where the applicant was born.

SOCIAL SECURITY NO. SOC: Applicants Social Security Number.

EXAMPLE OF A HARD CARD

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

| | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------|--|---------------------------------|-------------------|--|
| APPLICANT <small>* See Privacy Act Notice on Back</small> FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED _____ | | LEAVE BLANK 1 | | TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____ 8 | | | | FBI LEAVE BLANK 11 | | |
| RESIDENCE OF PERSON FINGERPRINTED _____ 3 | | ALIASES AKA _____ 9 | | ORI 10 | | DATE OF BIRTH DOB Month Day Year 12 | | PLACE OF BIRTH POB 14 | | |
| DATE 4 | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____ 5 | | CITIZENSHIP CTZ _____ SEX _____ RACE _____ HGT. _____ WGT. _____ EYES _____ HAIR _____ 12 | | YOUR NO. OCA _____ 6 | | | | LEAVE BLANK 15 | |
| EMPLOYER AND ADDRESS _____ 6 | | | FBI NO. FBI _____ 6 | | CLASS _____ 15 | | | | REF _____ 16 | |
| REASON FINGERPRINTED _____ 7 | | | SOCIAL SECURITY NO. SOC _____ 16 | | MISCELLANEOUS NO. MNU _____ 16 | | | | 13 | |

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