#### How to Apply for a Resident Producer License.

An insurance producer is a licensed salesperson working for an insurance agency. The main goal of the insur-ance 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-surance products in Idaho

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

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

Step 2. Study for the Licensing Exam.

- Idaho does not require pre-licensing education, however, we strongly recommend reviewing the <u>content outline</u> for the line of authority you wish to carry.
- The department does not provide study material for the exam. A list of third party entities who do provide study material can be found on our <u>web site</u>.

**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 <u>click here.</u>

**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.

#### from home

Learn more

Simply choose "Online at my home or office" when presented with exam options.

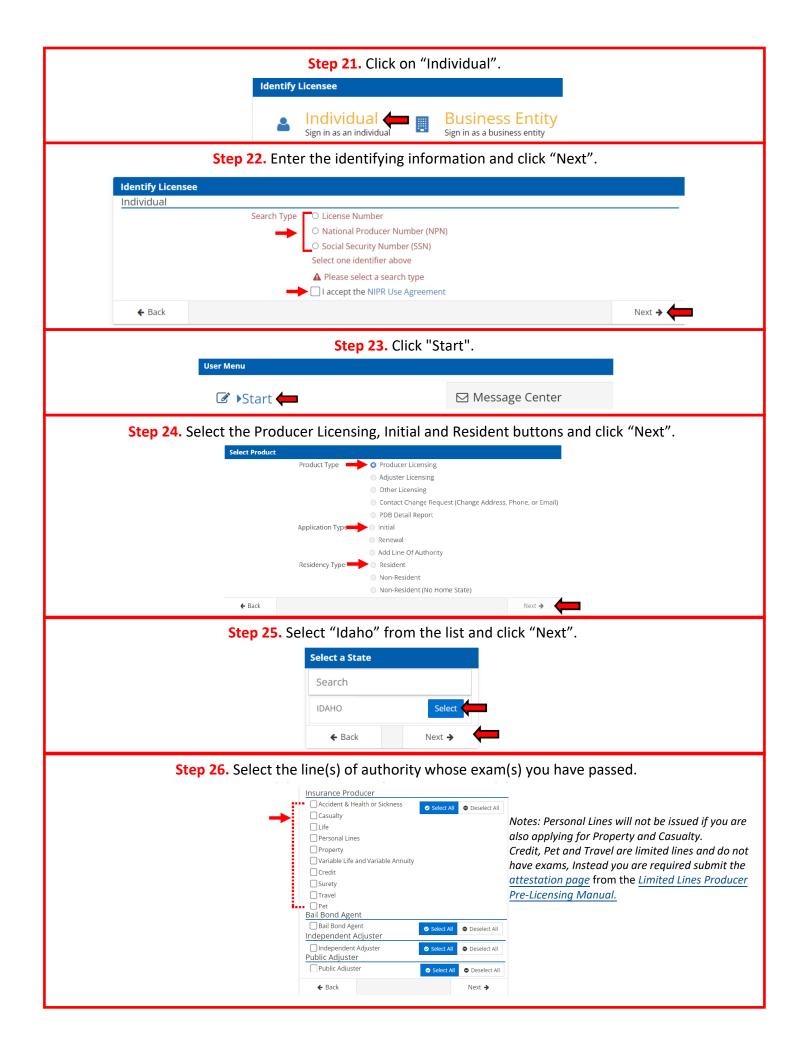


	Step 6. Enter	your log in information	n and click "Sign In".
		ed with an asterisk (*). ase sign in: New	internet users. For your security, please remember to sign w users, please sign up: ente a web account.
	Step 7. In the '	"Schedule an Exam" box	x click, "View exams".
		Dashboard	
Sched Exam c View e			My account  My profile  Manage web account  Preferences  Fixed bistory
The exams corres		Click on the exam you v of authority with the sam Find an exam	wish to take. me name. Idaho does not offer combined
		Find an Exam:	
		i iili ali Lhaili.	Go
	Exam Code	Exam Name	
	InsID-AH0002	Idaho Disability/Health Producer	
	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	
			er click "In person at a test center". /UE Online With OnVUE".
	Previous		

Step 10. Review the information and click "Next".					
Select exam options					
InsID-AH0002: Idaho Disability/Health Producer					
How do you want to take your exam?					
In person at a test center      On VUE      Online with OnVUE					
Prepare for your test center exam					
Your photo ID What to expect Personal items					
We'll verify your government- issued identification (ID) when you arrive for your exam.     Familiarize yourself with the testing appenence so you feel arrive for your exam.     Review the items that you can have during testing that do not require prior approval.       Review generation and the second					
Questions?					
Check out the FAQs.					
Previous					
Step 11. If you are having your fingerprints taken at the testing center, click "Add another exam to take on the same day" and repeat steps 7-9, selecting "InsID-FPELC" as the exam, otherwise click "Next". Note: Same day fingerprinting is dependent on location and availability.         Confirm exam selection         Image: 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					
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 concerne 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 <u>https://www.pearsonvue.com/policies/11.pdf</u> .					
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					

	• Dista	test center ir										
	• Dista											
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		st Center							Distance Show km	Map Sate	ola	[]]
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	№ 812 Sui Re/ Poo Uni	arson VUE T 2 East Clarke te E /Max Building catello, Idaho ited States st Center Info	g 9 83201		ocatell	o ID			200.4 mi	Adrian Not 20 Wilder Homedale 5 Marsi Google	Middleton Star Eagle Caldwell 20 Nampa (*) Nampa (*) Bowmont Please	Ro Here:
	P 141 Suit Mul Spo Unit	o N Mullan F te 203 lan Centre okane Valley, ted States t Center Info	Rd Washir	ngton 99		kane W	A		4.5 <u>m</u> i			
Step 14. Cl			-			-		ant to	o take you		click "Book thi AFTER you have	s appointment". selected a date
ZFP_ID RE and 11258 Avenida 1 Drittwood, Texas United States	lligh View Rd									ZFP_ID RE and APP Hardcard 11258 Avenida High View Rd Driftwood, Texas 78619 United States		
Find another test of Select a date from		only dates with ap	pointmen		ity can b			>		d another test center lect a date from the calendar. Only	dates with appointment availability of septer	can be selected. nber 2023 >
		Su	Mo	Tu	We	Th	Fr	Sa 2			Su Mo Tu	We Th Fr Sa
. Select a day.		3	4	5	6	7	8 15	9			10 11 12	6         7         8         9           13         14         15         16           20         21         22         23
		17	18 25	19 26	20	21 28	22	23 30	W	w can'i I find an available appointm	24 25 26	27 28 29 30
Why can't I find an	available appo	intment?							_		IIIIII.	
Previous										Select your appointment s		
									_	24 hr (e.g., 2:00 PM)		14b. Select a time

Step 15. Review the		reen to ensure you have selected the correct options. rect, click "Proceed to Checkout".			
		Cart			
	Review and confirm contact information to avoid issues	s on test day.			
	Description	Details Price Actions			
	Exam InsID-AH0002: Idaho Disability/Health Producer Exam Modules: • GE-Health70PCT. General Health • ID-Health: Idaho Health Language: English Length: 120 minutes ●	Appointment     65.00     Remove       Monday, October 9, 2023     Start time: 9:00 AM America/Boise - MDT       Change Appointment			
		Add Another Exam			
		ily name must match exactly as it appears on the identification (ID) that is presented at the time able to take your test and you will not be reimbursed for any fees paid.			
		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			
Note: If the site is	-	lete the payment process. /ment please contact Pearson Vue at 800-274-2721			
Step 17. Take your exam when and where you signed up for.					
Step 18. Have your fingerprints taken for a background check.					
<ul> <li>18a. If you are having your fingerprints taken at the testing center you will have them taken at the same time as testing. No further action is needed for fingerprinting.</li> <li>18b: If you are NOT having your fingerprints taken at the testing center please go to page 9 of this document.</li> </ul>					
<ul> <li>Once you have passed t apply for a License</li> </ul>	he exam and submitted	mmediately after you have submitted your fingerprints. d your fingerprints you will need to go to <u>NIPR.com</u> and oply such as Sircon, the Department can not help you if			
		"Go to Online Application" .			
	Obtaining an insurance licen	ply for a New License rose in your state, or other states in which you may have codificult, flyou know what to expect, and can fulfill the requirements. Go to the Crime Application			



Step 27. Verify your selections and the fee.
Fee Estimate
IDAHO
Edit
Insurance Producer
Accident & Health or Sickness State Fee \$80.00     Life NIPR Fee \$5.60
Total State Fees         \$80.00           Total NIPR Fees         \$5.60
Grand Total         \$85.60           This is an estimate. Exact fees will be shown before payment.
← Back Next →
Step 28. Enter all required information in each section and click "Next".
Each "Next" will take you to the next section.
Biographic Data
Last Name
▲ First Name is a required field
Middle Name Optional
Suffix optional Gender O Male O Female
Date of Birch MM//DD/YYYY
Are you a citizen of the United States? ○ Yes ○ No If applicable, FINRA Individual CRD
Optionel Only Financial Industry Regulatory Authority (FINRA) numbers are allowed
Addresses
Phone Contact Data
Web Information           Affiliations
Background Questions
Step 29. Review the information for errors and click "Next".
Tiopraphi: Allass
Not be an additional additio
Gender MANAL     1     Apr/2018     Ker/ XR23     Test     Test     Solve     United States CM Americal States       Are you a call cent of work and down of the states     HS     Afflications     Solve     United States CM Americal States       If applicable RNAN underlaad Central Application     Kata on on entering Commits reaction     Afflications     Solve
Resident Address         Depolytory (OID)         Eachgrand Questions Response         Second Questions
Address Line 1 123 MAIN ST. University of the set of th
(a)     BODE     1     and provide functional and provide standard provide grand provi
Address Link 1 23 Addama VT. Charles and the standard provide and the s
There Constant cards There ( 2000) There ( 2
Web Contact: Web         This structure is the structure is the support of a support of support of a support of s
Busiless Droy Name FARE BUSINESS LLC.
Stop 20 Answer the question and slick "Next"
Step 30. Answer the question and click "Next".
Authorized Submitter
O Someone else
← Back Next →
Step 31. Read the attestation and click "I accept", then click "Next".
Attestation HAMMORID FLESHMAN, DAWN ANY
Read carefully and Accept to continue.
<ol> <li>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 perturbation is non-nection with this application is grounds for license executions of end and the license and mass or like true to red or end without no activities.</li> </ol>
revocation or denial of the license and may subject me to ork of or criminal penaltes. 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 bit is supplication for which in supplications for which is supplicating for which is supplications for which is supplications f
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.
<ol> <li>If urther 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.</li> </ol>
<ul> <li>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 () I have identified my child support obligation arrearage on this application.</li> </ul>
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. 6.1 acknowledge that Lunderstand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for
It consure. 7. 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).
application or requested by the junisdiction(s).
← Buck

Step 32. Enter the e-mail(s) you want the trans	saction receipt to go to and click "Next".
Verification Contact	
Your receipt and any additional information about this transa	ction will be sent to the following email addresses
Email Required	
Email Optional	
Email Optional	
Email Optional	
← Back	Next 🗲
Step 33. Verify the transaction infor	mation and click "Submit & Pay".
Submit Requests	
The following states will be sent the requests made of	during this session.
State Description State Fe	e NIPR Fee Fee Summary
IDAHO Insurance Producer \$80.0	0 \$5.60 Total State Fees \$80.00
Accident & Health or Sickness	Total NIPR Fees \$5.60
• Life	
<ul> <li>Fees are not refundable</li> <li>Allow up to 5 days for changes to display on</li> </ul>	Grand Total \$85.60
Allow up to 5 days for changes to display on Requests are not complete until payment is made. P	
← Back	Submit & Pay 🗲
€ Dack	Submit & Pay 4
Step 34. Enter the payment information and c	lick "Next" until the transaction is done
Choose Payment Type	
How would you like to pay? Billing Details <ul> <li>Credit Card</li> </ul> <li>* = Required</li>	
<ul> <li>Electronic Check * First Name</li> </ul>	
* Last Name	
* Address Line 1	
Address Line 2	
Address Line 3	
* City	
* State or Province	· · ·
* Country	United States of America
* Zip Code	
* Phone	i e i innini
Your Total is: \$85.60	
« Back	Next »
Chan 25. Click "I Ages" Estancian service i i fa	mation and dials "Cubmit C.
Step 35. Click "I Agree". Enter your payment infor	
Fees will not be refunded by either NIPR or	the Idaho Department of Insurance.
	G Card Number
User understands all fees are non-refundable.	
Submit \$85.60 Payment	User understands all fees are non-refundable.
	☑ I Agree
Back Cancel	Submit \$85.60 Payment
	Back Cancel
Step 36. E-mail the required additional d	
or up load them to the do	
<ul> <li>Copy of Pass Slip(s)s from Exam(s)</li> </ul>	
<ul> <li>Copy of Fingerprinting payment re</li> </ul>	
CHRI Request and Release 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

### **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.

<u>Please print:</u>

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 noncriminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Department of Insurance that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code 67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website. http://www.isp.idaho.gov/BCI/documents/CRBrochure1 000.pdf

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do 🗌 do not 🗌 want a copy of the Privacy Act Statement

Signature of Applicant

Date

# 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 for 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).

# 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 Phigerprinting	Litertonic Thiger Trinting
• Turn around time can be <b>over 5 weeks</b> .	• Turn around time is typically <b>3-7 days</b>
• You will need to find a law enforcement agency that can take the fingerprints on your own.	• Can be taken at the same time and place as your exam.
<ul> <li>You will need to pay:         <ul> <li>the Pearson Vue</li> <li>to have the fingerprints taken by law enforcement.</li> </ul> </li> </ul>	• You only need to pay the Pearson Vue fee.

- o 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.

• for the postage to mail them.

Hard Card Fingerprinting

Increased likelihood of low-quality fingerprints. • You will be responsible for the costs of getting new fingerprints.

#### **Electronic Finger Printing**

- - - - -

- 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 please see the Hard Card Fingerprint Instructions https://doi.idaho.gov/pearson-vue-hard-card-instructions/

Please note, the instructions must be followed exactly. The Department is not responsible for any additional costs generated by the applicant selecting the hard card fingerprint process.

The Department can not assist with lost, incomplete or incorrectly filled out fingerprint forms.