HOW TO RENEW A NON-RESIDENT BAIL AGENT LICENSE

You will need to start the fingerprinting process at least 60 days in before your license expires. If your fingerprint report is not back before your license expires your license will be inactive until it is in.

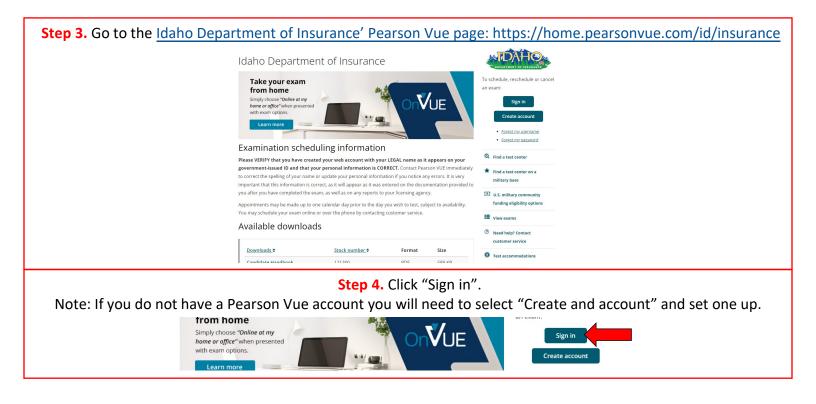
Step 1. Reach out to a law enforcement office to find out if they will take your fingerprints see what their process is.

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 * See Privacy Act Notice on Back FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED	TYPE OR PRII LAST NAME NAM DYAKE ALIASES AKA	TIMOTHY O R ID 001025Y	MIDDLE NAME Allen	FBI LEAVE BLANK
Simothy Drake RESIDENCE OF PERSON ENGERPRINTED 123 Washington St. Gotham City, NY, 11111 DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	Red Robín CITIZENSHIP CTZ USA	SEX RACE	HGT. WGT. EY	DATE OF BIRTH DOB Year OF 04 1983 VES HAIR WC PLACE OF BIRTH POB NEW YORK
DATE Officer Jim Gordon EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111	FBI NO. FBI ARMED FORCES NO. MNU	CLASS	LEAVE	E BLANK
REASON FINGERPRINTED IDC 41-1011 Insurance License	SOCIAL SECURITY NO. 111-11-11111 MISCELLANEOUS NO. MNU	REF		

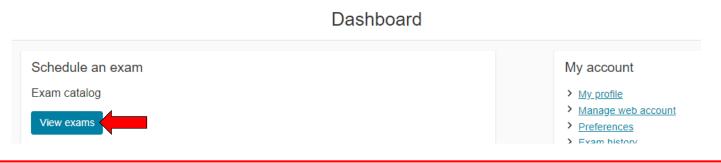
See pages 11 and 12 of this document for a detailed explanation of the hard card boxes.



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

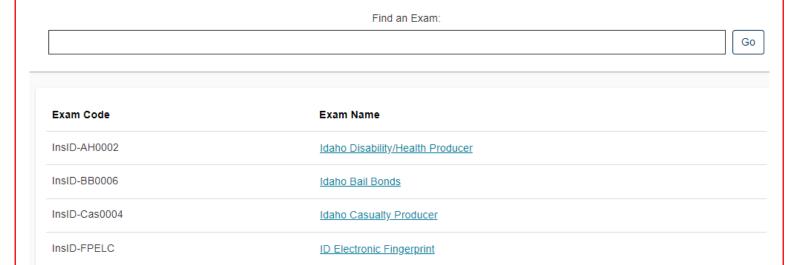
Step 6. In the "Schedule an Exam" box click "View exams".

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



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

Find an exam



ID Fingerprint Hard Card

InsID-FPHC

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



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

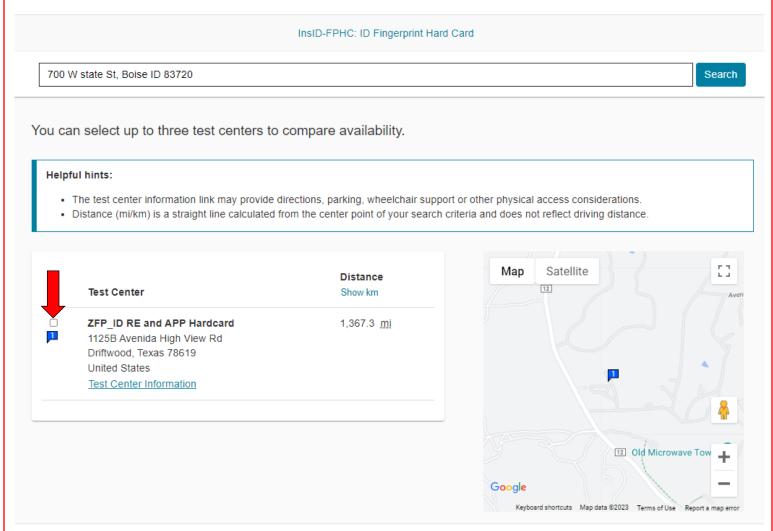
You must contact Pearson VUE or access your online Pearson VUE account to cancel your exam at least a minimum of 48 hours prior to your appointment. Exams cannot be cancelled less than 48 hours prior to your appointment. Failure to cancel in time or failure to appear for your appointment will result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

Previous



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





The 'Test Center' is in Texas.

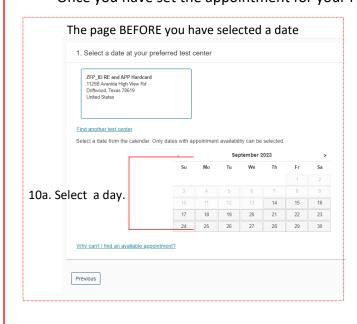
You are MAILING your fingerprints

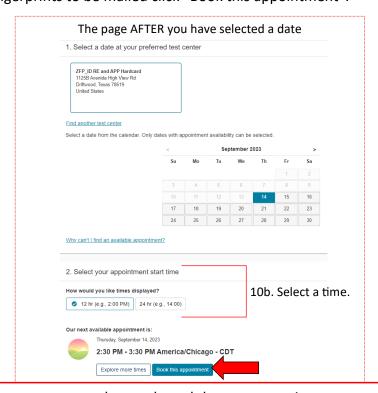
to Texas to be examined.

You are not traveling to Texas.

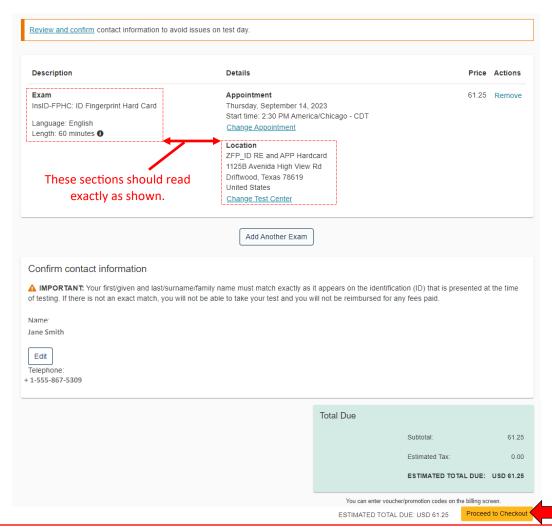
You are not taking an exam in Texas.

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".



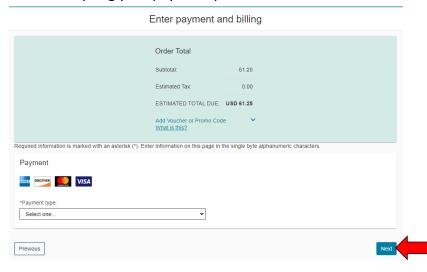


Step 12. Review the information on this screen to ensure you have selected the correct options. If everything looks cor-rect click "Proceed to Checkout".



Step 13. Complete the payment process.

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



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

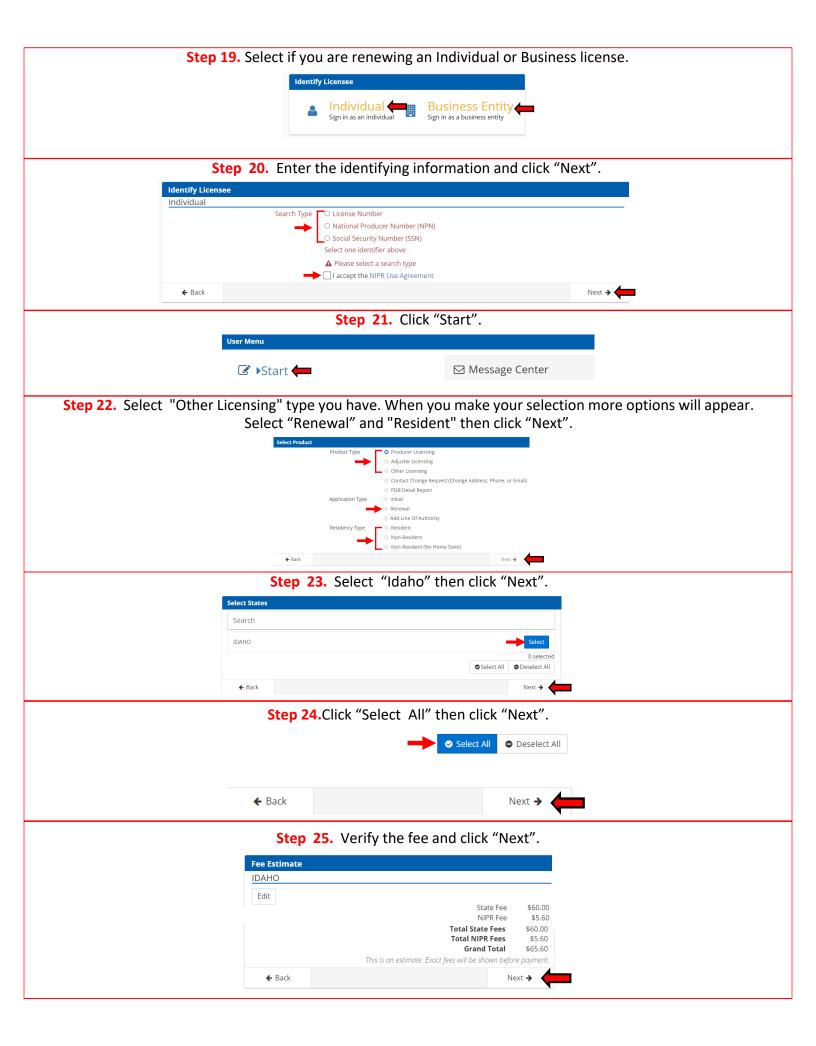
Do NOT send the completed card to the Department of Insurance. You MUST include the payment confirmation. You MUST send it via USPS.

Step 16. E-mail the completed CHRI Form (Page 9 of this document) to agent@doi.idaho.gov

Step 17. Go to https://nipr.com

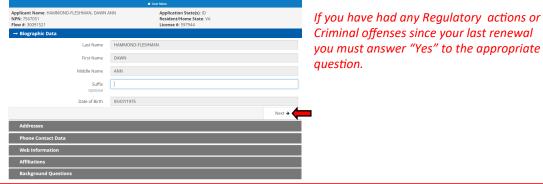
Step 18. Click "Start Now".







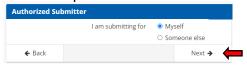
Note: You can not update your name or contact information during a renewal.



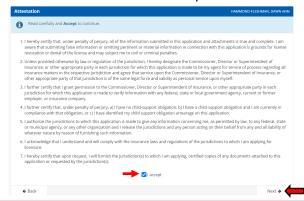
Step 27. Verify the information click next.



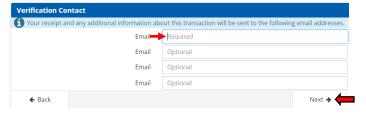
Step 28. Answer the question and click "Next".



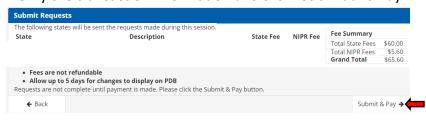
Step 29. Read the attestation and click "I accept" then click "Next".



Step 30. Enter the e-mail(s) you want the transaction receipt to go to and click "Next".



Step 31. Verify the transaction information and click "Submit and Pay".



Step 32. Enter the payment information and click "Next" until the transaction is done.

State of Idaho DEPARTMENT OF INSURANCE

BRADLIITLE Governor 700 West State Street, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0043 Phone 208-334-4250 Website: https://doi.idaho.gov DEANL. CAMERON
Director

Requested 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 assessing 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 Insurances to send a copy of my criminal history report containing criminal history record information

The Idaho Department of Insurance and any other entity, individual, or government agency providing information or records in accordance with the authorization is hereby released from any and all claims of liability for any and all damages or acts that may arise following any release permitted herein, and I agree to hold harmless the state of Idaho and all employees or agents thereof

I further acknowledge that I have been provided with a copy of the FBI Privacy Act Notice.

Please print:		
Name:		
Address:		
City:	State:	Zip:
By:(signature)		(date)

Please forward this signed request to the department of Insurance by mail or email to agent@doi.idaho.gov. We must have this completed and signed document in our hands before releasing your criminal history report. Please contact us with any questions at the email address provided.

NOTE: This request must be completed and signed by the person identified in the criminal history report. The requested report may only be sent to the person identified in the report at the postal address provided above and will be sent via certified mail, which will require a signature in order to receive it. Alternatively, it can be picked up in person with this completed form and valid government issued photo identification. We cannot send this report via email or fax.

Equal Opportunity Employer

Federal Bureau of Investigation Privacy Act Notice

Authority: The FBI's acquisition, preservation. and exchange of foundation requested by this form (FBI Applicant cards or FD-258) is generally aud1om.ed 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. Pestilential 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; PubL 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 the timely completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, security, licenses, and adoption. may he 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 the 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 potential pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where It will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(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 Branch has also published notice in the federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s)

How to 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 wilt 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 HAZ= Hazel MAR= Maroon PNK=Pink GRY=Gray MUL= Multicolored GRN = Green XXX = Unknown

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.

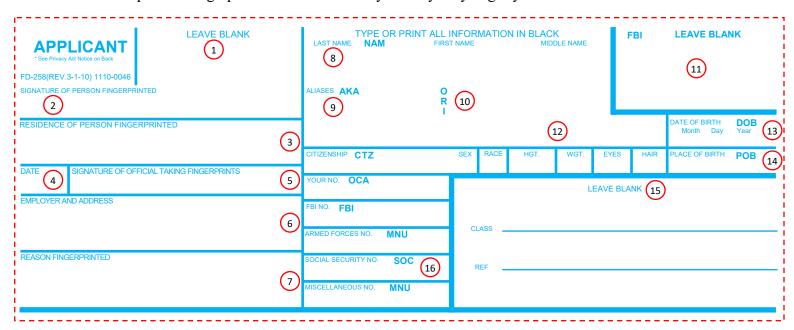
The completed card and associated payment need to be sent to:

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

EXAMPLE OF A HARD CARD

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



- **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 * See Privacy Act Notice on Back FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPR		TYPE OR LAST NAME NAM DYAKE ALIASES AKA	0		MIDDL	ENAME	F	FBI	LEAVE BLA	NK
PIEMOTHY RESIDENCE OF PERSON PINGE 123 Washington St Gotham City, NY, 1.	ERPRINTED : : 1111	Red Robín CITIZENSHIP CTZ	SA	SEX RACE	нст.		EYES SLU	HAIR WC	DATE OF BIRTH Month Day のチ 04 PLACE OF BIRTH NEW YO	1993 ,POB
07/05/23 Office EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkeham Road Gotham City, NY, 1111:	FICIAL TAKING FINGERPRINTS CEV JIM GOVAON	YOUR NO. OCA FBI NO. FBI ARMED FORCES NO. MIN	١U	CLASS		LEA	VE BLA	ANK		
REASON FINGERPRINTED IDC 41-1011 Ins		111-11-1111	SOC NU	REF						