

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.

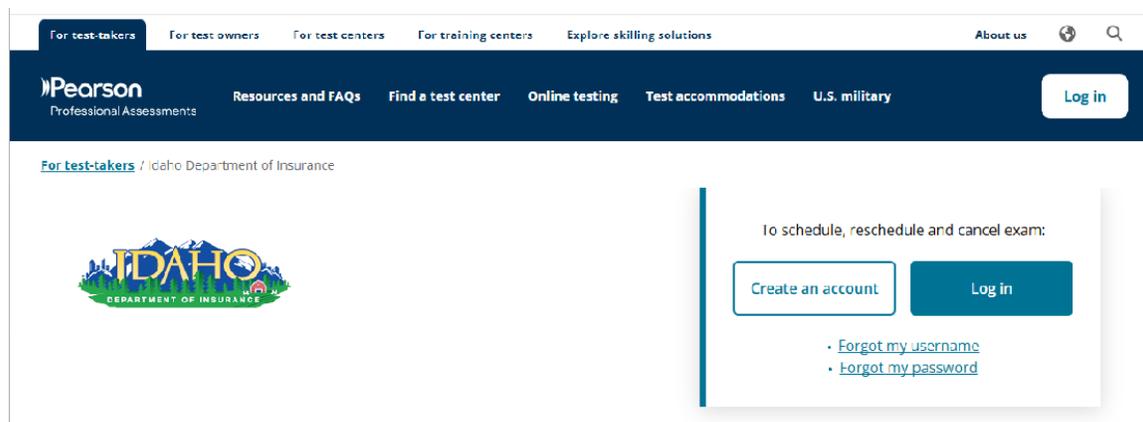
Step 2. While at the law enforcement office fill out the hard card as shown below.

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 <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 Drake	FIRST NAME Timothy	MIDDLE NAME Allen					
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES AKA Red Robin		OR I ID 001025Y				DATE OF BIRTH Month Day Year 07 04 1983		DOB	
DATE 07/05/23	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Officer Jim Gordon</i>		CITIZENSHIP CTZ USA	SEX M	RACE	HGT. 601	WGT. 165	EYES BLU	HAIR WC	PLACE OF BIRTH New York	POB
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		YOUR NO. OCA		LEAVE BLANK							
REASON FINGERPRINTED IDC 41-1011 Insurance License		FBI NO. FBI		CLASS _____							
		ARMED FORCES NO. MNU		REF _____							
		SOCIAL SECURITY NO. SOC 111-11-1111									
		MISCELLANEOUS NO. MNU									

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

Step 3. Go to the Idaho Department of Insurance' Pearson page: <https://home.pearsonvue.com/id/insurance>



Step 4. Click "Sign in".

Note: If you do not have a Pearson account you will need to select "Create and account" and set one up.



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

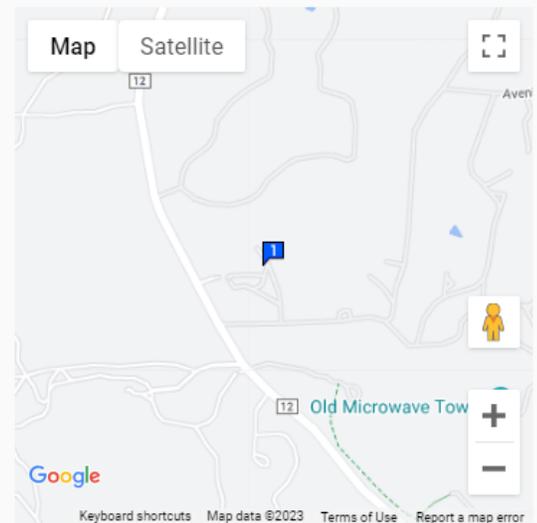
Search

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
   ZFP_ID RE and APP Hardcard 1125B Avenida High View Rd Driftwood, Texas 78619 United States Test Center Information	Show km 1,367.3 mi



 [Next](#)

The 'Test Center' is in Texas.

You are MAILING your fingerprints
to Texas to be examined.

You are not traveling to Texas.

You are not taking an exam in Texas.

Step 11. From the dates provided **select the day you plan on MAILING the fingerprints to Texas.**

It is important that they receive your card within 5 days of the appointment date you select.

Once you have set the appointment for your Fingerprints to be mailed click “Book this appointment”.

The page BEFORE you have selected a date

1. Select a date at your preferred test center

ZFP_ID RE and APP Hardcard
1125B Avenida High View Rd
Driftwood, Texas 78619
United States

[Find another test center](#)

Select a date from the calendar. Only dates with appointment availability can be selected.

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

[Why can't I find an available appointment?](#)

Previous

10a. Select a day.

The page AFTER you have selected a date

1. Select a date at your preferred test center

ZFP_ID RE and APP Hardcard
1125B Avenida High View Rd
Driftwood, Texas 78619
United States

[Find another test center](#)

Select a date from the calendar. Only dates with appointment availability can be selected.

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

[Why can't I find an available appointment?](#)

2. Select your appointment start time

How would you like times displayed?

12 hr (e.g., 2:00 PM) 24 hr (e.g., 14:00)

10b. Select a time.

Our next available appointment is:

Thursday, September 14, 2023



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

[Explore more times](#)

[Book this appointment](#)

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

If everything looks correct click “Proceed to Checkout”.

[Review and confirm](#) contact information to avoid issues on test day.

Description	Details	Price	Actions
-------------	---------	-------	---------

Exam

InsID-FPHC: ID Fingerprint Hard Card

Language: English

Length: 60 minutes

Appointment

Thursday, September 14, 2023

Start time: 2:30 PM America/Chicago - CDT

[Change Appointment](#)

61.25

[Remove](#)

Location

ZFP_ID RE and APP Hardcard

1125B Avenida High View Rd

Driftwood, Texas 78619

United States

[Change Test Center](#)

These sections should read exactly as shown.

[Add Another Exam](#)

Confirm contact information

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

Name:

Jane Smith

[Edit](#)

Telephone:

+ 1-555-867-5309

Total Due

Subtotal: 61.25

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: USD 61.25

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

ESTIMATED TOTAL DUE: USD 61.25

[Proceed to Checkout](#)

Step 13. Complete the payment process.

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

Enter payment and billing

Order Total

Subtotal: 61.25

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: **USD \$1.25**

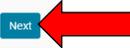
[Add Voucher or Promo Code](#)
[What is this?](#)

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 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.

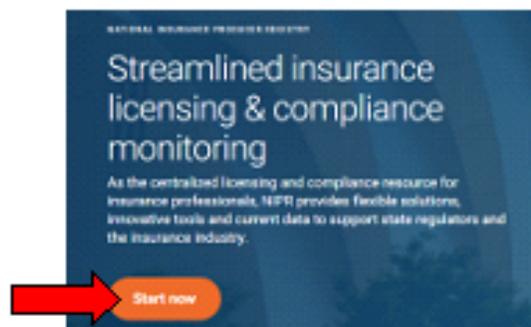
You MUST include the payment confirmation.

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://npr.com>

Step 18. Click "Start Now".



Step 19. Select if you are renewing an Individual or Business license.

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". Red arrows point to each option.

Step 20. Enter the identifying information and click "Next".

The screen is titled "Identify Licensee" and is for an "Individual". It has a "Search Type" section with three radio button options: "License Number", "National Producer Number (NPN)", and "Social Security Number (SSN)". A red arrow points to the "License Number" option. Below these is the text "Select one identifier above" and a warning icon with the text "Please select a search type". At the bottom, there is a checkbox labeled "I accept the NIPR Use Agreement" with a red arrow pointing to it. "Back" and "Next" buttons are at the bottom.

Step 21. 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 22. Select "Other Licensing" type you have. When you make your selection more options will appear. Select "Renewal" and "Resident" then click "Next".

The screen is titled "Select Product". It has three sections: "Product Type" with radio buttons for "Producer Licensing", "Adjuster Licensing", and "Other Licensing"; "Application Type" with radio buttons for "Initial", "Renewal", and "Add Line Of Authority"; and "Residency Type" with radio buttons for "Resident", "Non-Resident", and "Non-Resident (No Home State)". Red arrows point to "Other Licensing", "Renewal", and "Resident". "Back" and "Next" buttons are at the bottom.

Step 23. Select "Idaho" then click "Next".

The screen is titled "Select States". It has a search bar with "IDAHO" entered. Below the search bar is a list of states with "IDAHO" selected. A red arrow points to the "Select" button next to "IDAHO". At the bottom, there are "Select All" and "Deselect All" buttons, and "Back" and "Next" buttons.

Step 24. Click "Select All" then click "Next".

The screen shows the "Select All" and "Deselect All" buttons. A red arrow points to the "Select All" button. Below these buttons are "Back" and "Next" buttons.

Step 25. Verify the fee and click "Next".

The screen is titled "Fee Estimate" and is for "IDAHO". It has an "Edit" button. Below is a table of fees:

State Fee	\$60.00
NIPR Fee	\$5.60
Total State Fees	\$60.00
Total NIPR Fees	\$5.60
Grand Total	\$65.60

Below the table is the text: "This is an estimate. Exact fees will be shown before payment." "Back" and "Next" buttons are at the bottom.

Step 26. Verify all information in each section and click “Next”. Each next will take you to the next section.

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

Applicant Name: HAMMOND-FLESHMAN, DAWN ANN
 NPN: 7567051
 Flow #: 30091521
 Application State(s): ID
 Resident/Home State: VA
 License #: 597944

Biographic Data

Last Name: HAMMOND-FLESHMAN
 First Name: DAWN
 Middle Name: ANN
 Suffix:
 Optional
 Date of Birth: 05/07/1975

Next →

Addresses
 Phone Contact Data
 Web Information
 Affiliations
 Background Questions

If you have had any Regulatory actions or Criminal offenses since your last renewal you must answer “Yes” to the appropriate question.

Step 27. Verify the information click next.

Review Application

First Name: [Redacted]
 Middle Name: [Redacted]
 Last Name: [Redacted]
 DOB: [Redacted]
 Resident Address: [Redacted]
 Business Address: [Redacted]
 Mailing Address: [Redacted]
 Phone Contact Data: [Redacted]
 Web Contact Info: [Redacted]

Background Questions Responses

1A Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? No
 1B Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? No
 1C If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Not Applicable
 1D If you was consent granted (attach copy of 1033 consent approved by home state) Not Applicable
 1E Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to the insurance department? No
 2 Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? No
 3 Do you have a child support obligation in any state or foreign jurisdiction, which has not been previously reported to this insurance department? No
 3A By one month in arrears and in compliance with any support agreement? Not Applicable
 3B Are you currently subject to and in compliance with any support agreement? Not Applicable
 3C Are you the subject of a child support related subpoena? Not Applicable
 4 In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting documents to the NAC/NIPR Attachments Warehouse? Not Applicable
 4A Will you be enclosing foreign previously filed documents from the NAC/NIPR Attachments Warehouse to this application? Not Applicable

Back ← Next →

Step 28. Answer the question and click “Next”.

Authorized Submitter

I am submitting for Myself
 Someone else

← Back Next →

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

Attestation HAMMOND-FLESHMAN, DAWN ANN

Read carefully and Accept to continue.

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation 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 jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I accept

← Back Next →

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

Verification Contact

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

Email Required

Email Optional

Email Optional

Email Optional

← Back Next →

Step 31. Verify the transaction information and click “Submit and Pay”.

Submit Requests

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

State	Description	State Fee	NIPR Fee	Fee Summary
				Total State Fees \$60.00
				Total NIPR Fees \$5.60
				Grand Total \$65.60

• Fees are not refundable
 • Allow up to 5 days for changes to display on PDB
 Requests are not complete until payment is made. Please click the Submit & Pay button.

← Back Submit & Pay →

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

State of Idaho
DEPARTMENT OF INSURANCE

BRAD LITTLE
Governor

700 West State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0043
Phone 208-334-4250
Fax 208-334-4398
Website: <https://doi.idaho.gov>

DEAN L. CAMERON
Director

CHRI Request and Release

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 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 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.



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose, you have certain rights, which are discussed below.

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

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

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC § 552a). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Fingerprints will be searched against all available fingerprints retained in the NGI system. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities. Idaho does not retain non-police applicant fingerprints, and those prints are not retained at the FBI for future comparisons against submitted fingerprint requests at the time of the applicant's submission.

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

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

If a change, correction, or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>

700 South Stratford Drive, Suite 120 • Meridian, Idaho 83642-6251

EQUAL OPPORTUNITY EMPLOYER

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.

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.

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK (1)		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME			FBI LEAVE BLANK (11)		
FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED (2)		ALIASES AKA (9)		O R I (10)			DATE OF BIRTH DOB (13) Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED (3)		CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR			PLACE OF BIRTH POB (14)		(12)		
DATE (4)	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5)		YOUR NO. OCA		LEAVE BLANK (15)				
EMPLOYER AND ADDRESS (6)		FBI NO. FBI		CLASS _____				(16)	
REASON FINGERPRINTED (7)		SOCIAL SECURITY NO. SOC (16)		REF _____				MISCELLANEOUS NO. MNU	

- 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>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME			FBI LEAVE BLANK		
FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED <i>Timothy Drake</i>		ALIASES AKA <i>Red Robin</i>		O R I ID 001025Y			DATE OF BIRTH DOB Month Day Year 07 04 1993		
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		CITIZENSHIP CTZ <i>USA</i> SEX M RACE W HGT. <i>601</i> WGT. <i>165</i> EYES BLU HAIR WC			PLACE OF BIRTH POB <i>New York</i>		(12)		
DATE 07/05/23	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Officer Jim Gordon</i>		YOUR NO. OCA		LEAVE BLANK				
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		FBI NO. FBI		CLASS _____				(16)	
REASON FINGERPRINTED IDC 41-1011 Insurance License		SOCIAL SECURITY NO. SOC 111-11-1111		REF _____				MISCELLANEOUS NO. MNU	