HOW TO RENEW A 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. Complete your Continuing Education at least 30 days before the expiration date of your license. For information on Continuing Education click here.

Step 2. Go to the local sheriff's office or police station and have your fingerprints taken.

They will provide you with the fingerprint card and receipt for cost of fingerprinting.

For detailed information on how to fill out the fingerprint card please see page 7 of this document.

Step 3. Complete the Fingerprint Based Criminal Background Check Form (page 4 of this document).

Step 4. Prepare a payment by either filling out the Credit Card Authorization Form (page 5 of this document) or writing a \$20 check made payable to Idaho State Police.

Step 6. E-mail the completed CHRI Form (Page 6 of this document) to agent@doi.idaho.gov

Step 7. Once all renewal requirements are met go to NIPR.com.

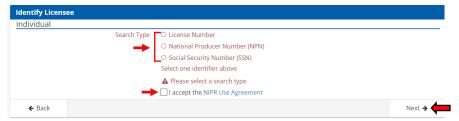
Step 8. Click "Start Now".



Step 9. Select if you are renewing an Individual or Business license.



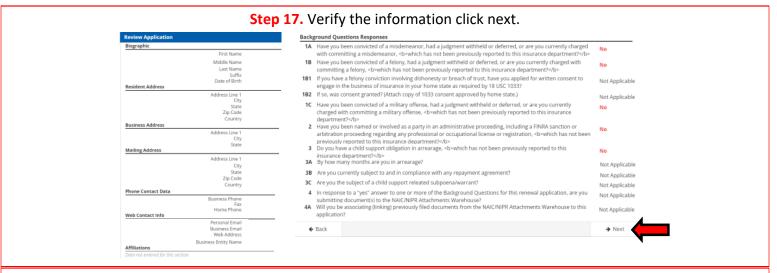
Step 10. Enter the identifying information and click "Next".



Step 11. Click "Start".



Step 12. Select what license type you have. When you make your selection more options will appear. Select "Renewal" and the residency type of your Idaho license then click "Next". Select Product Product Type Producer Licensing Adjuster Licensing Other Licensing Contact Change Request (Change Address, Phone, or Email) PDB Detail Report Application Type Renewal Add Line Of Authority Residency Type Resident Non-Resident Non-Resident (No Home State) **←** Back Step 13. Select "Idaho" then click "Next". Note: Idaho will not populate until your CE is completed and posted to your account by the CE provider. This can take up to 35 days. **Select States** Search IDAHO 0 selected Select All Deselect All **←** Back Next → Step 14. Click "Select All" then click "Next". ✓ Select All Deselect All **←** Back Next > Step 15. Verify the fee and click "Next". IDAHO Edit State Fee \$60.00 NIPR Fee Total State Fees \$60.00 Total NIPR Fees **Grand Total** \$65,60 This is an estimate. Exact fees will be shown before **←** Back **Step 16.** 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. If you have had any Regulatory actions or Criminal offenses since your last renewal you must answer "Yes" to the appropriate question. ANN



Step 18. Answer the question and click "Next".

Authorized Submitter						
	I am submitting for	MyselfSomeone else				
← Back		Next →				

Step 19. 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 applica aware that submitting false information or omitting pertinent or material information in con revocation or denial of the license and may subject me to civil or criminal penalties. 	
2. Unless provided otherwise by law or regulation of the jurisdiction. I hereby designate the Co Insurance, or other appropriate party in each jurisdiction for which this application is made in insurance matters in the respective jurisdiction and agree that service upon the Commission other appropriate party of that jurisdiction is of the same legal force and validity as personal	to be my agent for service of process regarding all ner, Director or Superintendent of Insurance, or
 I further certify that I grant permission to the Commissioner, Director or Superintendent of i jurisdiction for which this application is made to verify information with any federal, state or employer, or insurance company. 	
4.1 further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have compliance with that obligation, or c) I have identified my child support obligation arrearage	
5.1 authorize the jurisdictions to which this application is made to give any information concert or municipal agency, or any other organization and I release the jurisdictions and any persor whatever nature by reason of furnishing such information.	
6.1 acknowledge that I understand and will comply with the insurance laws and regulations of licensure.	the jurisdictions to which I am applying for
 I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, cer application or requested by the jurisdiction(s). 	tified copies of any documents attached to this
V I accept	
← Back	Next →

Step 20. Enter the e-mail(s) you want the transaction receipt to go to and click "Next".

Verification Contact	
1 Your receipt and any additional information a	pout this transaction will be sent to the following email addresses.
Email	Required
Email	Optional
Email	Optional
Email	Optional
← Back	Next →

Step 21. Verify the transaction information and click "Submit and Pay".

	sent the requests made during this session.					
State	Description	State Fee	NIPR Fee	Fee Summary		
		54416166		Total State Fees	\$60.00	
				Total NIPR Fees	\$5.60	
				Grand Total	\$65.60	
	able or changes to display on PDB until payment is made. Please click the Submi	t & Pay button.				

Step 22. Enter the payment information and click "Next" until the transaction is done.



IDAHO STATE POLICE BUREAU OF CRIMINAL IDENTIFICATION



FINGERPRINT BASED CRIMINAL BACKGROUND CHECK FORM

of the Idaho Central Repository of Criminal History Records

A completed fingerprint card must be attached to this request.

Submit a separate form for each request. Current forms are available at https://www.isp.idaho.gov/BCI/index.html.

Please print clearly in black ink.

A \$20.00 processing fee must be included.

Applicant Name:	Applicant Date of Birth:				
Requesting Person or Company	Address of Requester (Results will be mailed to this address)				
	Street 700 West State Street, Floor 3				
	City, State & Zip Code Boise, Idaho 83720-0043				
Printed Name of Requester (Print Legibly)	Phone Number of Requester				
Reason for Criminal History Check:	If you need results of the background check *notarized, please check here				
Renewal an Idaho Bail Agent License.	*Notary letter is based off the name as it appears on the fingerprint card.				
Additional Information:					
General Information: An individual may obtain a copy of	of an Idaho record through the following procedures.				
	n applicant fingerprint card. These will be used to search the BCI database of fingerprints.				

Submit a set of rolled fingerprints of the subject of the check on an applicant fingerprint card. These will be used to search the BCI database of fingerprints. Fingerprints provide a positive method of identification. The fingerprint card must be completed and include:

- Name (print)
- Alias names (maiden and/or previous names)
- Signature of person fingerprinted
- · Current address
- Date printed (Must be within **180 days** of the fingerprint card submission)
- · Signature of official taking fingerprints
- Date of birth
- · Country of citizenship
- Sex
- RaceHeight

- Weight
- Eyes
- Hair
- Place of Birth
- Social Security Number (optional)

A check made payable to Idaho State Police must accompany the fingerprint card, or the Credit Card Authorization page needs to be filled out. The fee is \$20.00 for each fingerprint check. A \$20.00 processing fee will be charged for any returned checks.

This request may be hand delivered or mailed to the address below. The bureau does not telephone, email or fax responses. Please allow ample time for processing this request. Requests are processed on a first come basis.

The records maintained by the Idaho Bureau of Criminal Identification (BCI) are based upon the felony and serious misdemeanor arrests reported to BCI from other Idaho criminal justice agencies. If a person disputes the accuracy of information obtained, that person may challenge the information by writing to the address on this form.

Idaho Code 67-3008 (6) states, "A person or private agency, or public agency, other than the department, shall not disseminate criminal history record information obtained from the department to a person or agency that is not a criminal justice agency or a court without a signed release of the subject of record or unless otherwise provided by law."

700 S. STRATFORD DR. STE. 120 • MERIDIAN, ID 83642 PHONE (208) 884-7130 • FAX (208) 884-7193



Idaho State Police



Bureau of Criminal Identification

CREDIT CARD AUTHORIZATION FORM

***Please note: There is an additional processing fee of \$1.00 plus 3% of the total transaction for all payments made by credit or debit card. ***

Credit Card (If paying	g by credit or d	ebit card, complete the following)*
Name of applicant/sul	bject(s) of record	d
Requestor/Agency		
Credit Card Type	Visa	AmEx
	MasterCard	Discover
Credit Card Number:		
Expiration Date:	/	Zip Code (Required):
Name as it appears on ca	rd:	
Phone Number:(Phone number required, in	case we need clarif	cication or have questions regarding payment)
Email:(If you prefer your receipt to	o be emailed, please	e provide a legible email address)
Signature of Payee		Required before mailing or faxing)

Phone: (208) 884-7130 Fax: (208) 884-7193 700 S. Stratford Dr., Ste. 120 Meridian, ID 83642

Electronic signatures will not be accepted

State of Idaho DEPARTMENT OF INSURANCE

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

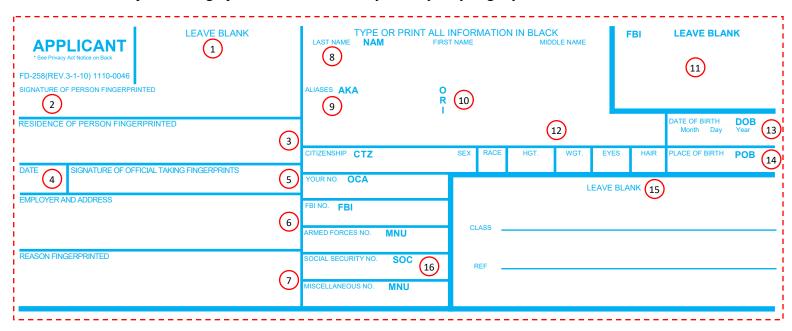
Please print:			
Name:			
Address:			
City:		State:	Zip:
В	(signature)		(date)

Please forward this signed re uest 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 uestions at the email address provided.

NOTE: This re uest must be completed and signed by the person identified in the criminal history report.

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 bo . Bo
- **Box 16.** Applicants Social Security

Please see below for an e ample of a completed fingerprint card.

APPLICANT * See Privacy Act Notice on Back FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPR	LEAVE BLANK	TYPE OR LAST NAME NAM DYAKE ALIASES AKA	0	nothy	All	E NAME	F	FBI	LEAVE BLA	NK
Timothy RESIDENCE OF PERSON FINGE 123 Washington St Gotham City, NY, 1:	ERPRINTED : 11111	RED ROBÍN CITIZENSHIP CTZ U-	Ï	D 001025	HGT.		EYES SLU	HAIR WC	DATE OF BIRTH Month Day のチ 04 PLACE OF BIRTH NEW YO	
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road	FICIAL TAKING FINGERPRINTS CEV JIM GOVOON	FBI NO. FBI ARMED FORCES NO. MN	NU NU	CLASS		LE <i>A</i>	VE BLA	ANK		
Gotham City, NY, 11111 REASON FINGERPRINTED IDC 41 1011 Ins		111-11-1111	SOC NU	REF						

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 non-criminal 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

map with map reading to the second of the se	
Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based back-ground 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 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).