

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 5. Mail fingerprint card, completed ISP form and payment to:
Idaho State Police
700 S. Stratford Drive, Ste. 120
Meridian, Id 83642

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.

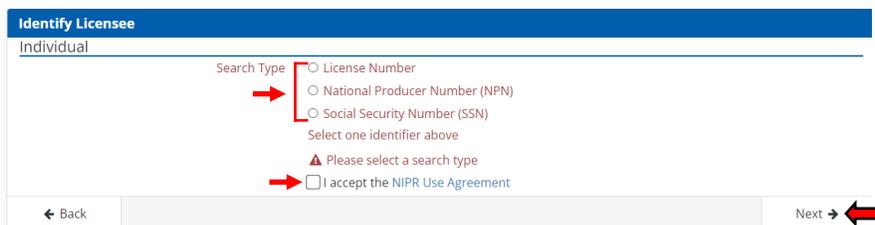
Step 8. Click "Start Now".



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 Initial
 Renewal
 Add Line Of Authority

Residency Type Resident
 Non-Resident
 Non-Resident (No Home State)

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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

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Step 14. Click “Select All” then click “Next”.

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Step 15. Verify the fee and click “Next”.

Fee Estimate

IDAHO

Edit

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

This is an estimate. Exact fees will be shown before payment.

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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.

Biographic Data

Applicant Name: HAMMOND-FLESHMAN, DAWN ANN
NPN: 7567051
Flow #: 30091521

Application State(s): ID
Resident/Home State: VA
License #: 507944

Last Name: HAMMOND-FLESHMAN

First Name: DAWN

Middle Name: ANN

Suffix: Optional

Date of Birth: 05/07/1975

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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 17. Verify the information click next.

Review Application	
Biographic	First Name Middle Name Last Name Suffix Date of Birth
Resident Address	Address Line 1 City State Zip Code Country
Business Address	Address Line 1 City State
Mailing Address	Address Line 1 City State Zip Code Country
Phone Contact Data	Business Phone Fax Home Phone
Web Contact Info	Personal Email Business Email Web Address Business Entity Name
Affiliations	<small>Data not entered for this section.</small>

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
1B1 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
1B2 If so, was consent granted? (Attach copy of 1033 consent approved by home state.)	Not Applicable
1C 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 this 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 arrears, which has not been previously reported to this insurance department?	No
3A By how many months are you in arrears?	Not Applicable
3B Are you currently subject to and in compliance with any repayment agreement?	Not Applicable
3C Are you the subject of a child support related subpoena/warrant?	Not Applicable
4 In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	Not Applicable
4A Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?	Not Applicable

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

Authorized Submitter

I am submitting for Myself
 Someone else

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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 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 arrears 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

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Step 20. 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

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Step 21. 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 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://isp.idaho.gov/bci/fingerprinting/>
Please print clearly in black ink.
A \$25.00 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: _____
	City, State & Zip Code:
Printed Name of Requester (Print Legibly):	Phone Number of Requester:
Reason for Criminal History Check:	
<input type="checkbox"/> Check this box if you need your background check results notarized . The notary letter is based on the name as it appears on the fingerprint card.	
Additional Information:	

General Information: An individual may obtain a copy of an Idaho record by following the procedures below.

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 fingerprint database. Fingerprints provide a positive method of identification. The fingerprint card must be completed and include:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • Signature of the official taking fingerprints • Date of birth • Country of citizenship • Sex • Race • Height | <ul style="list-style-type: none"> • Weight • Eyes • Hair • Place of Birth • Social Security Number (optional) |
|--|---|---|

A check payable to Idaho State Police must accompany the fingerprint card, or the Credit Card Authorization page must be completed. The fee is \$25.00 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 on felony and serious misdemeanor arrests reported to BCI by 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**

BRAD LITTLE
governor

State of Idaho
DEPARTMENT OF INSURANCE

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 Insurance 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:

B

(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.



IDAHO STATE POLICE
BUREAU OF CRIMINAL IDENTIFICATION



CREDIT CARD AUTHORIZATION FORM

Please note: There is an additional processing fee of \$1.00 plus 2.5% of the total transaction for all payments made by credit or debit card.

Credit Card (If paying by credit or debit card, complete the following)*

Please check all that apply: [] Name based background check [] Fingerprint background check [] Fingerprint card (how many) ___

Name of applicant/subject(s) of record

Multiple horizontal lines for entering the name of the applicant/subject(s).

Requestor/Agency

Horizontal line for entering the requestor/agency name.

Credit Card Type

Visa []

AmEx []

MasterCard []

Discover []

Credit Card Number:

Grid for entering credit card number with dashes.

Expiration Date:

Grid for entering expiration date (MM/YY).

Zip Code:

Grid for entering zip code.

Name as it appears on card:

Horizontal line for entering name as it appears on card.

Phone Number:

Horizontal line for entering phone number.

(Phone number required, in case we need clarification or have questions regarding payment)

Email:

Horizontal line for entering email address.

(If you prefer your receipt to be emailed, please provide a legible email address)

Signature of Payee:

Horizontal line for entering signature of payee.

(Required before mailing or faxing)
Electronic signatures will not be accepted

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

Federal Bureau of Investigation Privacy Act Notice

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated 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 Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated 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 clearances, and licenses may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may also retain your fingerprints and associated information/biometrics in the NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



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

Revised 08/08/25

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.

EXAMPLE OF A HARD CARD

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

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

- Box 1.** Do not write in this box.
- Box 2.** Signature of the applicant.
- Box 3.** The applicants home address entered.
- Box 4.** The date the fingerprints are taken.
- Box 5.** Signature of the official taking the fingerprints. The applicant **DOES NOT** sign here.
- Box 6.** The name of the applicants employer and the employers address.
- Box 7.** This box does need to say “**IDC 41-1011 Insurance License**”
- Box 8.** Applicants name needs to be entered in the following format: Last Name, First Name, Middle Name
- Box 9.** Any aliases or alternate names the applicant has used.
- Box 10.** The ORI Number will always be **ID 001025Y**
- Box 11.** Do not write in this box.
- Box 12.** Physical description of Applicant. This includes: Sex, Race, Height, Weight, Eye color and Hair Color
- Box 13.** Applicants Date of Birth
- Box 14.** Applicants place of birth.
- Box 15.** Do not write in this box.
- Box 16.** Applicants Social Security

Please see below for an example of a completed fingerprint card.

APPLICANT <small>* See Privacy Act Notice on Back</small> FD-258 (REV. 3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED <i>Timothy Drake</i>		LEAVE BLANK			TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: NAM FIRST NAME: Timothy MIDDLE NAME: Allen (8)			FBI LEAVE BLANK		
RESIDENCE OF PERSON FINGERPRINTED 123 Washington St. Gotham City, NY, 11111		ALIASES: AKA <i>Red Robin</i> (9)			ORI ID 001025Y (10)			DATE OF BIRTH: 07 04 1993 DOB (13) Month Day Year		
DATE: 07/05/23	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS (5) <i>Officer Jim Gordon</i>			CITIZENSHIP: CTZ <i>USA</i> SEX: M RACE: W HGT.: 601 WGT.: 165 EYES: BLU HAIR: WC (12)		PLACE OF BIRTH: POB <i>New York</i> (14)		LEAVE BLANK (15)		
EMPLOYER AND ADDRESS Wayne Enterprises 42 Arkham Road Gotham City, NY, 11111		YOUR NO.: OCA _____ (16)			FBI NO.: FBI _____ (6)		CLASS: _____ REF: _____		LEAVE BLANK (15)	
REASON FINGERPRINTED IDC 41 1011 Insurance License (7)		SOCIAL SECURITY NO.: SOC (16) 111-11-1111			MISCELLANEOUS NO.: MNU _____		LEAVE BLANK (15)		LEAVE BLANK (15)	