RESIDENT BAIL LICENSE FINGERPRINTING CHECKLIST

General Renewal information:

- Keep this page and a copy of your ISP form on file for future reference.
- Please start your fingerprinting process 4-6 weeks in advance to ensure enough time for return to be received by the Idaho DOI.
- No Bail license will be renewed before receiving return of fingerprint report.
- Please reference <u>Bulletin 11-05</u> requiring Bail agents to fingerprint at renewal.
- For other licensing questions/maintenance, please refer to the **Bail webpages** or the **Bail licensing flyer**.

In the Meridian ISP area:

- 1. Complete the Fingerprint Based Criminal Background Check Form (page 2 of this document).
- 2. Take the completed form to the Meridian ISP (700 S. Stratford Drive, Ste. 120, Meridian, Id 83642) and have your fingerprints taken. The cost is \$10 for fingerprinting services and \$20.00 for background check for a total of \$30.00; checks should be made payable to Idaho State Police.
- 3. ISP will send results directly to the Department
- 4. Complete your CE and renew your license
- 5. Send the completed CHRI form (page 5 of this document) to agent@doi.idaho.gov.

Outside the Meridian ISP area:

- 1. 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.
- 2. Complete the Fingerprint Based Criminal Background Check Form (page 2 of this document).
- 3. Prepare a payment by either filling out the Credit Card Authorization Form (page 3 of this document) or writing a \$20 check made payable to Idaho State Police.
- 4. Mail fingerprint card, completed ISP form and payment to:

Idaho State Police 700 S. Stratford Drive, Ste. 120 Meridian, Id 83642

- 5. Complete your CE and renew your license.
- 6. Send the completed CHRI form (page 5 of this document) to <u>agent@doi.idaho.gov</u>.

Questions? Please contact us at 208-334-4339 or agent@doi.idaho.gov.



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
	City, State & Zip Code
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
	*Notary letter is based off the name as it appears on the fingerprint card.
Additional Information:	h

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

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

- Sex
- Date printed (Must be within 180 days of the fingerprint card submission)

- Weight
- Eves
- 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

- Signature of official taking fingerprints Date of birth
- · Country of citizenship
- Race
 - · Height



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 by	y credit or de	bit card, complete the following)*			
Name of applicant/subject(s) of record					
Requestor/Agency					
Credit Card Type	Visa	AmEx			
Ν	lasterCard	Discover			
Credit Card Number:			-		
Expiration Date:	/	Zip Code (Required):			
Name as it appears on card:					
Phone Number:	we need clarific	ration or have questions regarding payment)			
Email: (If you prefer your receipt to be	emailed, please	provide a legible email address)			
Signature of Payee:					
		equired before mailing or faxing)			
	Liectro	onic signatures will not be accepted			

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

EXAMPLE OF A HARD CARD

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

APPLICANT * See Privacy Act Notice on Back FD-258(REV.3-1-10) 1110-0046 SIGNATURE OF PERSON FINGERPRINTED	LEAVE BLANK		ALIASES AKA			ENAME	FBI	LEAVE BLAI	VK
RESIDENCE OF PERSON FINGERPRINTI		3 5 6	CITIZENSHIP CTZ YOUR NO. OCA FBI NO. FBI ARMED FORCES NO. MNU	SEX RACE	HGT.	WGT. EY	ES HAIR BLANK 15	DATE OF BIRTH Month Day	POB 14
REASON FINGERPRINTED		7	SOCIAL SECURITY NO. SOC 16	REF					

- **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 irth
- Box 14. Applicants place of birth.
- **Box 15.** Do not write in this bo . o
- **Box 16.** Applicants Social Security

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

LEAVE BLANK * See Privacy Act Notice on Back FD-258(REV.3-1-10) 1110-0046	TYPE OR PRINT LAST NAME NAM Drake	ALL INFORMATION II FIRST NAME Timothy	N BLACK MIDDLE NAME Allen	FBI	LEAVE BLANK
signature of person fingerprinted Timothy Drake residence of person ingerprinted 123 Washington St.	allases aka Red Robín	O R ID 001025Y			DATE OF BIRTH DOB Month Day Year 07 04 1993
Gotham Cíty, NY, 11111 Date Signature of Official taking fingerprints 07/05/23 Officer Jim Gordon	CITIZENSHIP CTZ USA YOUR NO. OCA	SEX RACE M W E	601 165 Bl	E BLANK	New York
EMPLOYER AND ADDRESS Wayne Enterpríses 42 Arkham Road Gotham Cíty, NY, 11111	FBINO. FBI ARMED FORCES NO. MNU	CLASS			
REASON FINGERPRINTED IDC 41-1011 Insurance License	SOCIAL SECURITY NO. SOC 111-11-1111 MISCELLANEOUS NO. MNU	REF			

BRADLIITLE overnor

State ofIdaho 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 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:
(sig	nature)		(date)

Please forward this signed re uest to the department of Insurance by mail or email to agent@doi.idaho.gov. e 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.

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)



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 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 ob, 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 ob, 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 re uest for noncriminal ustice purposes allowed by federal statute, federal e ecutive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this re uest may be disclosed pursuant to your consent, and may also be disclosed by the F I without your consent as permitted by the Federal Privacy Act of 1 74 (S 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, e ecutive 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 aw 2 544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your F I criminal history record for review and possible challenge upon submission of a written re uest. 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 F I. Information regarding this process may be obtained at https: www.fbi.e:ov services ciis identity history summary checks.

If you decide to challenge the accuracy or completeness of your F I criminal history record, you should send your challenge to the agency that contributed the uestioned information to the F I. Alternatively, you may send your challenge directly to the F I at the same website address as provided above. The F I will then forward your challenge to the agency that contributed the uestioned information and re uest the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the F I 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 .