This packet contains instructions on how to submit Fingerprint/ Criminal Background information to NC Licensing Office of Pearson Vue:

The information on page 1 is needed to assist in troubleshooting any problems with your fingerprint submission from the local law enforcement agency to SBI.

### Demographic Information

<table>
<thead>
<tr>
<th>SSN</th>
<th>Residential Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Residence Phone Number</th>
<th>Business Phone Number</th>
<th>Cell Phone Number</th>
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<table>
<thead>
<tr>
<th>E-Mail Address (Personal)</th>
<th>E-Mail Address Business</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>NIPR Transaction Number</th>
<th>License Type(s)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Law Enforcement Agency used for Live Scan</th>
<th>Date</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
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<tbody>
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</table>

### Instructions

- After submitting an insurance producer application at [www.nipr.com](http://www.nipr.com)
- Complete pages 1-3 of the Fingerprint/Criminal Background Packet
- Use selected local live scan location
  - Submit pages 2-3 (Electronic Fingerprint Submission Release of Information form)
  - Local live scan location will charge a fee for processing forms (fees may vary)
- Submit completed packet (pages 1-3) to the NC Licensing Office of Pearson VUE by e-mail, fax, or mail. If e-mail or fax is not an option mail completed packets.

<table>
<thead>
<tr>
<th>E-mail:</th>
<th>Fax</th>
<th>Mail</th>
</tr>
</thead>
</table>
| [northcarolinalingisngoffice@pearson.com](mailto:northcarolinalingisngoffice@pearson.com) | 888-959-3010 | NCDOI/Pearson VUE  
PO Box 14209  
Raleigh, NC 27620 |
ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina State Bureau of Investigation, to perform a national criminal history record check in connection with my application for employment with the agency listed below.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

Applicant/Licensee’s Signature  

Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Agency Authorized Official’s Signature  

Date

Angela P Hatchell

Authorized Official’s Printed Name

North Carolina Department of Insurance

Agency Name 

INSPROD000 

Agency OCA# 

1204 Mail Service Center, Raleigh NC 27699

Agency Address  

(919) 807-6800 

Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprint 

Date

☐ By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

This completed form is to be mailed to Agency listed above  

Do NOT send this form to the SBI.
**APPLICANT INFORMATION**

Last Name: ______________________

First Name: ______________________

Middle Name: ____________________

Maiden Name: ____________________

Aliases: _________________________

Sex: Male _____ Female _____

Race: __________________________

(write the appropriate letter in the space provided)

W – White, B – Black, I – American Indian,
A – Asian or Pacific Islander, U - Unknown

Height: _________________________

Weight: _________________________

Eye Color: ______________________

(write the appropriate letters in the space provided)

BLK – Black  GRY – Gray  MAR – Maroon
BLU – Blue   BRO – Brown  GRN – Green
HAZ – Hazel  PK – Pink   XXX – Unknown

Hair Color: ____________________

(write the appropriate letters in the space provided)

BAL – Bald  BLK – Black  BLN – Blonde or Strawberry
BRO – Brown  GRY – Gray or partially
RED – Red or Auburn  SDY - Sandy

Date of Birth: ______________________

Place of Birth: ____________________

Residence: _________________________

Employer and Address: DOI – Agent Services
Division 1204 Mall Service Center, Raleigh NC 27606

Reason Fingerprinted:
Insurance Producer License
State and Fed Search
§NCGS 56-33-48

Social Security Number: _____________

(*Optional)

Your Case No. (OCA): INSVPD000

Type of Transaction: _____________

NC FP Card Type: ________ OTH ______

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.