



CAUTION

LAW ENFORCEMENT CHECKLIST



1. Check for Photo ID of Applicant

2. Choose “Applicant” Work-Flow on the Live-scan device

3. Follow the Electronic Fingerprint Submission

Release of Information form for the Applicant Work-Flow

4. Fingerprints are automatically

submitted to the SBI after the option to

print a fingerprint card

5. Please contact the Applicant Unit at

919-662-4509 Ext 6330, 6366, 6397 for

any additional assistance



**North Carolina Department of Insurance
Fingerprint/Criminal Background Packet
Insurance Producer**

This packet contains instructions on how to submit Fingerprint/ Criminal Background information to Agent Services Division:

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

Demographic Information				
SSN				
Last Name		First Name		Middle Name
Residential Street Address			City	State Zip Code
Residence Phone Number		Business Phone Number		Cell Phone Number
E-Mail Address (Personal)			E-Mail Address Business	

NIPR Transaction Number		Date passed exam at Pearson Vue/surrendered License in previous home state		
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License Type(s)				
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Law Enforcement Agency used for Live Scan			Date	
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Signature of Applicant			Date	
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Instructions

- After cancelling a resident insurance license another state/Passing an initial North Carolina Insurance Exam
- Make application for insurance license at www.nipr.com
- Complete pages 1-4 of the Fingerprint/Criminal Background Packet
- Use selected local live scan location
 - Submit pages 3-4 (Electronic Fingerprint Submission release of information and Applicant information)
 - Local live scan location will charge a fee for processing forms (fees may vary)
- Submit completed packet (pages 1-4) to the Agent Services Division by e-mail or fax. If e-mail or fax is not an option mail completed packets.

E-mail: asd@ncdoi.gov

Fax 919-715-3794

Mail 1204 Mail Service Center Raleigh, NC 27699-1204
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AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for licensing with the NC DEPARTMENT OF INSURANCE – INSURANCE PRODUCER LICENSE pursuant to NCGS § 58-33-48.

(Type or Print clearly)

Last Name	First	Middle	Maiden

Social Security Number (Optional*)	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, 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. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

*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.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.



ROY COOPER
ATTORNEY GENERAL

NORTH CAROLINA
STATE BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

3320 GARNER ROAD
PO Box 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523



ROBIN P. PENDERGRAFT
DIRECTOR

**ELECTRONIC FINGERPRINT
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with the Department of Insurance – Agent Services Division pursuant to NCGS 58-33-48. (Insurance Producer License)

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. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

Applicant/Licensee's Signature

Date

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

Etta P. Maynard
Agency Authorized Official's Signature

9/30/2010
Date

Etta P. Maynard

Authorized Official's Printed Name

1204 Mail Services 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 Fingerprints

Date

Agency Seal/Certification _____



A Nationally Accredited State Agency

An ASCLD/LAB Accredited Laboratory Since 1988



APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth: _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address: DOI – Agent Services
Division 1204 Mail Service Center, Raleigh NC
27699

Sex: Male _____ Female _____

Reason Fingerprinted:
Insurance Producer License
State and Fed Search
§NCCGS 58-33-48

Race: _____
(write the appropriate letter in the space provided)

Social Security Number: _____
(*Optional)

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

Your Case No. (OCA): INSPROD000

Height: _____

Type of Transaction: NFUF

Weight: _____

NC FP Card Type: OTH

Eye Color: _____
(write the appropriate letters in the space provided)

BLK – Black GRY – Gray MAR – Maroon
BLU – Blue BRO – Brown GRN – Green
HAZ – Hazel PNK – 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

*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.