

**North Carolina Department of Insurance
Fingerprint/Criminal Background Packet
Public Adjuster**

This packet contains instructions on how to submit Fingerprint/ Criminal Background information to the 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

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								
License Type(s)								
Law Enforcement Agency used for Live Scan						Date		
Signature of Applicant							Date	

Instructions

- After submitting a public adjuster application at 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.

E-mail:

northcarolinalicensingoffice@pearson.com

Fax

888-959-3010

Mail

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.

Joe Wall

Agency Authorized Official's Signature

8/31/2023

Date

Joe Wall

Authorized Official's Printed Name

North Carolina Department of Insurance
Agency Name

INSADJ000
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 Fingerprints

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.

E-mail:

northcarolinalicensingoffice@pearson.com

Fax:

888-959-3010

Mail :

NCDOT/Pearson VUE
PO Box 14209
Raleigh, NC 27620

This completed form is to be mailed to Agency listed above
Do NOT send this form to the SBI.

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:
Public Adjuster
State and Fed Search
§NCGS 58-33A-15

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): INSADJ000

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.