

## Producer License Fingerprint Procedure

Carefully review the instructions below and provide your name and phone number in the event Department staff must contact you regarding your Fingerprints or Criminal History Record Check Request form.

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

An applicant for a resident insurance producer license may have their fingerprints done by either a private business or law enforcement (if available). The following requirements must be met:

- 1) If the fingerprinting service conducting the fingerprints does **ink prints**, two fingerprint cards must be done. If the fingerprints are obtained by **scanning**, only one set of fingerprints is required, so only one card is needed. **\*The fingerprint cards must be sealed in a separate envelope and initialed by the individual conducting the fingerprints.**
- 2) A Criminal History Record Check Request form must be completed by the applicant. The completed form must be returned to the North Dakota Insurance Department with the fingerprint card(s). **This is your consent to have your background check completed.**
- 3) The applicant must include a check (**NO starter or counter checks**), cashier's check, or money order in the amount of **\$41.25**, made payable to: **North Dakota Attorney General.**

**The Applicant must MAIL the following to the address below:**

- 1) A separate, sealed envelope containing the fingerprint card(s)- **DO NOT BEND THE CARDS,**
- 2) This page with applicant's name, phone number and email address provided,
- 3) The completed Criminal History Record Check Request form, and
- 4) The **\$41.25** fee made payable to the **North Dakota Attorney General.**

**NORTH DAKOTA INSURANCE DEPT  
ATTN: PRODUCER LICENSING  
600 E BOULEVARD AVE DEPT 401  
BISMARCK ND 58505-0320**



600 E Boulevard Ave  
Bismarck, ND 58505-0500

phone: (701)328-2440 | fax: (701)328-4880  
insurance.nd.gov | insurance@nd.gov

**Jon Godfread, Commissioner**



**CRIMINAL HISTORY RECORD CHECK REQUEST  
PURSUANT TO NDCC 12-60-24**

OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 60688 (08-2023)

FOR BCI USE ONLY
Check Number
Amount
Receipt Number
Receipt Date
SID

**INSTRUCTIONS**

1. If requesting Federal Bureau of investigation (FBI) check related to N.D.C.C. §12-60-24, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check. Checks should be made payable to the North Dakota Attorney General. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. Agency should submit form, fingerprint card(s), and fee to:  
**Criminal Records Section**  
**North Dakota Bureau of Criminal Investigation**  
**PO Box 1054**  
**Bismarck ND 58502-1054**  
**Phone: 701-328-5500**

**Physical Address:**  
**1720 Burlington Drive Suite B**  
**Bismarck ND 58504**

**TO BE COMPLETED BY AGENCY**

Mail to Attention of JANELLE MIDDLESTEAD	Telephone Number/Extension 701-328-4460	Email Address jlmiddlestead@nd.gov	
Agency Name NORTH DAKOTA DOI - PRODUCER LICENSING DIVISION		Originating Agency Identifier (ORI) ND920382Z	
Address 600 E BOULEVARD AVE., DEPT 401	City BISMARCK	State ND	ZIP Code 58505-0320
Comments/Miscellaneous			
Please Check One and Remit Appropriate Fees			
<b>Record Check for Employees/Others</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$26.25 <input checked="" type="checkbox"/> ND and FBI, remit \$41.25		<b>Record Check for Volunteers</b> <input type="checkbox"/> ND only, remit \$15.00 <input type="checkbox"/> FBI only, remit \$24.25 <input type="checkbox"/> ND and FBI, remit \$39.25	
Process Control Number (PCN)		Reason Fingerprinted	

**TO BE COMPLETED BY SUBJECT OF RECORD CHECK**

Last Name	First Name (no initials)	Middle Name	
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name	
Date of Birth	Social Security Number		
Current Address	City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review 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.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.

## **APPLICANT RIGHTS**

**APPLICANT: Please review and retain for your records.**

### **Privacy Act Statement**

As of 03/30/2018

This privacy act statement is located on the back of the FD-258 fingerprint card.

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information 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 do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, 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 retain your fingerprints and associated information/biometrics in 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.

### **28 CFR 50.12(b)**

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Those officials making such determinations must advise the applicants that procedures for obtaining a change, correcting, or updating of an FBI identification record are set forth in 28 CFR 16.34. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program. This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.