

## How to Submit Your Fingerprints to the Insurance Department

Once you have successfully passed your exams, you must submit your application online at [NIPR](#) and provide a set of fingerprints to the Insurance Department for your background check. If you need a location to have your fingerprints done, please email [ndlicensing@nd.gov](mailto:ndlicensing@nd.gov) for more information.

### Instructions for Submitting Your Fingerprints:

1. Sign the Fingerprint Cards: Both you and the person who took your fingerprints must sign the fingerprint cards.
2. Complete All Required Fields (see example on Page 2).
3. Seal the Fingerprint Cards: Place the fingerprint cards in an envelope, seal it, and have the person who took your fingerprints initial the seal for security.
4. Complete the Criminal History Record Check Request Form: Fill out all sections under 'To be completed by subject of Record Check' and make sure to sign and date the form. **This form is your consent for the background check.**
5. Payment: Send a check or money order for \$40, payable to 'NORTH DAKOTA ATTORNEY GENERAL'. Note that starter checks, cash, and credit/debit cards are not valid options and will be returned or shredded.

### Mail the Following to the Address Below:

- The sealed envelope containing fingerprint cards (do not bend the cards).
- The completed Criminal History Record Check Request form.
- The \$40 fee was made payable to the North Dakota Attorney General.

### Mailing Address:

North Dakota Insurance Department  
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](http://insurance.nd.gov) | [securities@nd.gov](mailto:securities@nd.gov)  
**Jon Godfread, Commissioner**

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ND920382Z  
ND INSUR DEPT  
BISMARCK, ND

DATE OF BIRTH \* DOB  
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

NDCC 12-60-24(2)mm

SOCIAL SECURITY NO. SOC

REF.

ND Insurance Dept Producer Licensure

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY