



FINGERPRINTS FOR INSURANCE LICENSING PURPOSES

The Office of the Montana State Auditor, Commissioner of Securities, and Insurance (CSI) requires an applicant for an insurance license to submit their fingerprints for the purpose of a state and federal criminal background check prior to being licensed. This includes applicants taking an insurance examination for the first time and those who are adding a line of authority to an existing license. Fingerprints are only valid for one year. Applicants with fingerprint cards older than one year must be fingerprinted again.

If you are unsure if it is necessary for you to secure and submit a fingerprint card to the Montana Department of Justice, please contact us at producerlicensing@mt.gov for clarification. No resident insurance licenses will be issued by the CSI without a complete background check done through the Montana Department of Justice. The CSI and the MT DOJ Criminal Records Division are separate entities. Fingerprint cards and payments must be sent to the MT Department of Justice. Fingerprint cards will not be accepted by the CSI. Any fingerprint cards received by the CSI will be returned and result in delaying the processing of the application.

All applicants submitting fingerprints as part of the licensing process must also complete and provide the Applicant Rights and Consent to Fingerprint Form. The form can be found [HERE](#). If this form is not submitted, the processing of the application will be delayed. The form can be signed electronically and should be submitted to csiapplicantrights@mt.gov. It is important that the email subject include your first and last name. The form will populate this information from what you enter in the printed name field when you select "click here to submit".

When getting your fingerprints, please do the following:

1. Review the fingerprint card provided by the entity taking your fingerprints and ensure the following items in the sample fingerprint card displayed below are completed on the card they provide to you. The highlighted areas on the example are critical.

- 1a Employer and address must read:
David Dachs, State Auditor's Office
840 Helena Ave.
Helena, MT 59601

This is to ensure completed reports are sent directly to the CSI.

- 1b Reason Fingerprinted must include the statutory information listed below. The FBI requires that the background only be used for the statutory reason listed.
 - i. If applying for an **insurance producer** or **navigator** license list **MCA 33-17-220**
 - ii. If applying for an **adjuster** license list **MCA 33-17-301.**
 - iii. If applying for a **consultant** license list **MCA 33-17-505**

- 1c ORI must read **MT920050Z, MT State Auditor.**

If any of the items above are listed differently on the fingerprint card provided by the person fingerprinting you, mark it out and write in the correct information.

2. Completed cards must be mailed to the following address:

Montana Criminal Records
P.O. Box 201403
Helena, MT 59620-1403

3. Payment of **\$30.00** payable to Montana Criminal Records must accompany the fingerprint card.
4. If you have questions regarding background checks, please visit the Criminal Records website at: <https://dojmt.gov/enforcement/background-checks/>. If you have additional questions, you may contact them at dojcriss@mt.gov or (406) 444-3625.
5. Fingerprint Options that may be available include:
 - Billings: Call-O-Way fingerprinting LLC. 406-281-3473
 - Helena: MT Criminal Records Division 406-444-3625
<https://dojmt.gov/enforcement/background-checks/>
 - Missoula:
 - City of Missoula Police Department 406-552-6303
<https://www.ci.missoula.mt.us/446/Get-Fingerprinted>
 - Missoula County Sheriff's Office 406-258-4810
<https://www.missoulacounty.us/government/public-safety/sheriff-s-office/services>.

You may also contact your local Sherriff or Police department directly to find out if they are offering paper fingerprint services
6. If you are unsure of the process or have a question, please email us at producerlicensing@mt.gov.

See highlighted areas for what your fingerprint card must include.

<p>APPLICANT <small>* See Privacy Act Notice on Back</small></p> <p>FD-258 (REV. 12-10-07)</p> <p>SIGNATURE OF PERSON FINGERPRINTED</p> <p>RESIDENCE OF PERSON FINGERPRINTED</p> <p>DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS</p> <p>EMPLOYER AND ADDRESS</p> <p>1a David Dachs, State Auditor's Office 840 Helena Avenue Helena, MT 59601</p> <p>REASON FINGERPRINTED</p> <p>1b MCA33-17-220 Insurance Producer License or Navigation Certification</p>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK	FBI	LEAVE BLANK
		<p>LAST NAME NAM FIRST NAME MIDDLE NAME</p> <p>ALIASES AKA</p> <p>O R I 1c MT920050Z MT State Auditor</p> <p>CITIZENSHIP CTZ</p> <p>YOUR NO. OCA</p> <p>FBI NO FBI</p> <p>ARMED FORCES NO MNU</p> <p>SOCIAL SECURITY NO. SOC</p> <p>MISCELLANEOUS NO. MNU</p> <p>SEX RACE HGT. WGT. EYES HAIR</p> <p>PLACE OF BIRTH POB</p> <p>CLASS _____</p> <p>REF: _____</p> <p align="center">LEAVE BLANK</p>	<p>DATE OF BIRTH DOB</p> <p>Month Day Year</p>	
1 R. THUMB	2 R. INDEX	3 R. MIDDLE	4 R. RING	5 R. LITTLE