

**BULLETIN NO. 23-06**

DATE: June 20, 2023  
TO: All Producer Licensing Applicants  
FROM: Dean L. Cameron, Director  
SUBJECT: Temporary Producer License Request Pending Fingerprint Hard Card Results

This Bulletin exercises the Director's authority to allow applicants for resident insurance producer licenses to request a temporary license pending review of their criminal history reports.

Idaho Code § 41-1007(1)(b) requires applicants for resident insurance producer licenses to submit their fingerprints as part of a criminal background review. Due to circumstances outside the Department's control, electronic fingerprinting is currently unavailable. Applicants therefore must utilize and submit physical fingerprints on paper 'hard cards' instead. This process takes longer than the electronic review process and may lead to undue delay. Such delays impact the insurance buying public by compressing the availability of qualified agents that sell and service insurance.

Idaho Code § 41-1015 authorizes the Department to issue temporary licenses to applicants pending the receipt of the criminal background check report if, per Idaho Code § 41-4011, all other licensing requirements have been met. Temporary licenses are valid for a period not to exceed one hundred and eighty (180) days and may be revoked without the right to a prior hearing if the interests of insureds or the public are endangered.

Therefore, due to delays in fingerprinting, it is in the public interest that the Department authorizes applicants for individual resident producer licenses to request temporary licenses pursuant to Idaho Code § 41-1011. Such requests must be made on the attached form which is also [available on the Department's website](#). The form sets forth clarifying guidance for the temporary license. The option to request a temporary license will be available until this Bulletin is rescinded.

This Bulletin is not new law but exercises authority as authorized by law. Requests for additional information or other inquiries regarding this Bulletin can be directed to Company Activities Bureau Chief/Chief Examiner, Eric Fletcher at 208-334-4230 or [Eric.Fletcher@doi.idaho.gov](mailto:Eric.Fletcher@doi.idaho.gov).

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## Temporary Resident Producer License Request Form

**Instructions:** To request a temporary Idaho resident, producer license pending review of fingerprint hard card results, please initial by each affirmation, then sign the below affidavit. Return this completed form to the Idaho Department of Insurance at [Agent@doi.idaho.gov](mailto:Agent@doi.idaho.gov) or by fax (208-334-4398). Call 208-334-4339 for additional assistance.

Pursuant to Bulletin 23-06, I, the undersigned, hereby request that the Idaho Department of Insurance issue me a temporary Idaho resident, individual producer license. In doing so I affirm the following:

**Initial:**

- |  |   |
|--|---|
| 1. I acknowledge that I understand and will comply with the insurance laws and regulations of Idaho.   | 1.<br><hr style="border: 1px solid black;"/>  |
| 2. I am applying for an Idaho resident, individual producer license only. Meaning I will only transact insurance in Idaho with a temporary license and I cannot apply for a non-resident producer license in any other jurisdiction until I am issued a permanent license in Idaho.  | 2.<br><hr style="border: 1px solid black;"/>  |
| 3. Pending the Department’s review of my criminal history report, I meet all other qualifications to be issued a temporary license. This includes submitting an online or paper producer license application, passing the applicable producer license exam(s), submitting the CHRI Request and Release Form, and paying all applicable fees. | 3.<br><hr style="border: 1px solid black;"/>  |
| 4. I have physically completed a paper fingerprint hard card, submitted it to PSI Services LLC ID Insurance Fingerprinting at 1755 Westgate Dr, Suite 130, Boise, Idaho 83704, and I have evidence (such as a receipt or money order stub) indicating I have paid all applicable fees.   | 4.<br><hr style="border: 1px solid black;"/>  |
| 5. In the <i>Uniform Application for Individual Producer License/Registration</i> I answered “No” to all Background Questions regarding my criminal history. I have no reason to believe my criminal history report will return any information that disqualifies me from being issued a producer license.                                   | 5.<br><hr style="border: 1px solid black;"/>  |
| 6. I acknowledge that a temporary license is subject to administrative penalty, suspension, revocation, and refusal of license per Idaho Code §§ 41-1015 or 41-1016. This could include disqualifying criminal history information being received subsequent to obtaining a temporary license.   | 6.<br><hr style="border: 1px solid black;"/>  |
| 7. I acknowledge that a temporary license will only be valid for 180-days, upon a permanent license being issued, or Bulletin 23-06 being rescinded, whichever comes first.  | 7.<br><hr style="border: 1px solid black;"/>  |
| 8. I acknowledge that the effective date of my temporary license will be the date utilized for all continuing education purposes, renewal, or any other timing-based, producer license processes.  | 8.<br><hr style="border: 1px solid black;"/>  |
| 9. I acknowledge that a temporary license cannot be renewed or requested twice. If for any reason my temporary license expires without a permanent license being issued, I will only be able to reapply for a permanent license.   | 9.<br><hr style="border: 1px solid black;"/>  |
| 10. I acknowledge that this request does not preempt any of the Department’s rights, privileges, or obligations, including reviewing my qualifications and the right to ask for additional information.  | 10.<br><hr style="border: 1px solid black;"/> |

**Applicant’s attestation for temporary license request:**

I hereby certify that all the information submitted in this request is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this request or the producer license application is grounds for revocation. I further certify that I grant permission to the Director of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_