



## 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](mailto: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](mailto: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. ***Please list the applicable options below for the license(s) for which you apply.***

- 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.**

**1d** Your No. OCA must read **MTST00017**

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**

- Payment of **\$30.00** payable to Montana Criminal Records must accompany the fingerprint card.
- 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](mailto:dojcriss@mt.gov) or (406) 444-3625.
- 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
- If you are unsure of the process or have a question, please email us at [producerlicensing@mt.gov](mailto:producerlicensing@mt.gov).

**See highlighted areas for what your fingerprint card must include.**

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV.12-10-07)		SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I 1c		MT920050Z MT State Auditor		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 1d MTST00017		LEAVE BLANK					
EMPLOYER AND ADDRESS 1a David Dachs, State Auditor's Office 840 Helena Avenue Helena, MT 59601		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS _____					
REASON FINGERPRINTED 1b MCA 33-17-220 Insurance Producer License or Navigation Certification		MCA 33-17-301 Adjuster	MCA 33-17-505 Consultant	SOCIAL SECURITY NO. SOC		MISC. _____					
MISCELLANEOUS NO. MNU											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			