



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 fingerprints 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 CSI without a complete background check done through the Montana Department of Justice (MTDOJ). CSI and MTDOJ's Criminal Records Division are separate entities. Fingerprint cards and payments must be sent to MTDOJ. Fingerprint cards will not be accepted by CSI. Any fingerprint cards received by 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 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**

APPLICANT * See Privacy Act Notice on Back		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAME FIRST NAME MIDDLE NAME				FBI		LEAVE BLANK	
FD-258 (REV.12-10-07)		SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		OR I		1c MT920050Z MT State Auditor		DATE OF BIRTH DOB Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX		RACE		HGT		WGT	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		1d MTST000017		EYES		HAIR		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS 1a David Dachs, State Auditor's Office 840 Helena Avenue Helena, MT 59601		REASON FINGERPRINTED 1b MCA-33-47-220 Insurance Producer License or Navigation Certification		1d MCA-33-47-301 Adjuster		1d MCA-33-47-505 Consultant		LEAVE BLANK		CLASS	
				ARMED FORCES NO. MNU						REF	
				SOCIAL SECURITY NO. SOC							
				MISCELLANEOUS NO. MNU							