

**Resident Insurance Producer/Insurance Adjuster/Real Estate Appraiser
Background Check Consent Form**

An individual applying for a resident insurance producer license must consent to a criminal history record check and submit a fingerprint card pursuant to MINN. STAT. §60K.37, subd. 2a (a)(1)-(2). An individual applying for a resident independent or public adjuster license must consent to a criminal history record check and submit a fingerprint card pursuant to MINN. STAT. §72B.041, subd. 2 (a)(1)-(2). An individual applying for a resident real estate appraiser license must consent to a criminal history record check and submit a fingerprint card pursuant to MINN. STAT. §82B.08, subd. 2a (a)(1)-(2). The Minnesota Department of Commerce ("Commerce") will have the criminal history record check performed by requesting searches of the Minnesota Bureau of Criminal Apprehension's (BCA) Computerized Criminal History (CCH) system and the Federal Bureau of Investigation's (FBI) Criminal Justice Information Services system. The purpose of the criminal history record check is to assist Commerce in determining your qualifications and eligibility for the license you are applying for. If you refuse to consent to a criminal history record check, your license application will not be processed. If you do consent, the data obtained from the criminal history record check will be confidential and, therefore, accessible only to personnel who determine your eligibility for the license you are applying for; any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety; person(s) authorized by a court order; or any other person authorized by state or federal law. You may complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. See also Title 28, C.F.R., § 50.12 (b).

Check the appropriate box(es):

- Resident Insurance Producer License
- Resident Independent or Public Adjuster License
- Resident Real Estate Appraiser License

The name printed on this form must match the name on your driver's license or government issued ID. If it doesn't match the fingerprints will be rejected.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth: _____ Sex (M or F): _____
(Month/Day/Year)

I consent to a criminal history record check by Commerce as described above and authorize the BCA and the FBI to share the results of the searches with Commerce.

Signature: _____ Date: _____

The expiration of this authorization shall be one year from the date of my signature.

For Office Use Only

Date Prints Submitted: _____

Processed by: _____

TCN #: _____

Check this box if unable to get electronic fingerprints. Candidate paid PSI \$32.00 for state processing fee. Please provide this consent form to the candidate along with instructions and a fingerprint card.