

**MIKE CHANEY**  
Commissioner of Insurance

**MARK HAIRE**  
Deputy Commissioner of Insurance



501 N. West St.  
1001 Woolfolk State Office Building  
Jackson, MS 39201  
P.O. Box 79  
Jackson, MS 39205

**STATE OF MISSISSIPPI**  
Mississippi Insurance Department  
[www.mid.ms.gov](http://www.mid.ms.gov)

**BAIL AGENT FINGERPRINT REQUEST**

Fingerprint Fee: \$50.00

Name of Requestor: \_\_\_\_\_  
(print full name)      First                                      Middle                                      Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

**Provide TWO documents: One for photo ID and Social Security Card**

**Proof of Photo Identification:**

**Proof of Social Security Number:**

- State Driver's License
- State Identification Card
- Military Identification
- United States Passport

- Social Security Card
- Head Shot Photo

Resident address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

By my signature below, I hereby authorize the Mississippi Insurance Department to obtain and review all pertinent criminal record information maintained by the State of Mississippi and any of its subdivisions, other states' files, or the FBI files (if applicable), which may confirm or deny my eligibility for the license being applied for. I further acknowledge that if my request for licensure is denied due to the criminal history obtained, I will be afforded an opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record or other criminal history. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR § 16.34. Procedures for challenge and correction of records of the Mississippi Crime Information Center are found in Miss. Code § 45-27-11.

Date \_\_\_\_\_ Signature of requestor \_\_\_\_\_

Rev. 06/2016