

MIKE CHANEY
Commissioner of Insurance

DAVID BROWNING
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

BAIL AGENT FINGERPRINT RESUBMISSION REQUEST

Beginning on July 1, 2012, all applicants for a professional bail agent, bail soliciting agent and bail enforcement agent who have not submitted a set of fingerprints in the past 12 months will be required to do such. Any applicant who has previously been fingerprinted by the Mississippi Insurance Department may submit this form and a \$50 fee to have their fingerprints resubmitted for a background check. The department will use the prints on file to send to the Mississippi Department of Public Safety and FBI. If fingerprints are not available on file, you must be fingerprinted by the Mississippi Insurance Department.

Fingerprint Fee: \$50.00

I am requesting a fingerprint resubmission for license # _____

Name of licensee (please print full name) _____
First Middle Last

Date of Birth ____/____/____ Social Security Number ____-____-____

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