



Minnesota Department of Commerce  
 85 7<sup>th</sup> Place East, Suite 280  
 St. Paul, Minnesota 55101-2198

**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). PRIVACY ACT STATEMENT: Authority: the FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 USC 534. Depending on the nature of your application supplemental authorities include Federal statutes, State statutes pursuant to Pub.L.92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Principal Purpose: Certain determinations such as employment, licensing and security clearances may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating or otherwise responsible agency and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI your information may be disclosed pursuant to your consent and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include but are not limited to disclosures to: employing governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Check the appropriate box:

- 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 acknowledge receipt of the FBI’s Privacy Act Statement (included above) and 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 #: \_\_\_\_\_

