



"Strengthening competitive insurance markets while protecting Alaskans."

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

## Division of Insurance

InsuranceLicensing@Alaska.Gov

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**Juneau Physical Address:**  
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333 Willoughby Avenue  
Juneau, AK 99811

**Juneau Mailing Address:**  
Division of Insurance  
PO Box 110805  
Juneau, AK 99811

**Anchorage Office:**  
*(Physical and Mailing Address)*

Division of Insurance  
Robert B. Atwood Building  
550 W 7th Avenue, Suite 1560  
Anchorage, AK 99501

Tel: 907.269.7900  
Fax: 907.269.7910

## Privacy & Consent Form

This document must be kept in your employee file. Upon request by the Division of Insurance, a copy must be provided within twenty-four (24) hours to the Licensing Section.

### PRIVACY ACT STATEMENT:

- Authority:**

The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 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 nongovernmental 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.

### PART 1

### Licensee Information

<b>Full Legal Name:</b>	
<b>NPN (National Producer Number):</b>	

**PART 2****Release of Information Authorization for Background Check**

I, \_\_\_\_\_, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Division of Insurance, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality, and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DOI guidelines.

I, \_\_\_\_\_, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I understand that if I am found not eligible for employment, volunteering, or other association, I will be given 90 days to appeal the information in the criminal or civil history. I understand to challenge the accuracy of the criminal history record, I must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300.

**PART 3****Certification**

Failure to return this consent form is considered failure complete the application process required under AS 21.27.040(e) and will result in rejection of the license application.

**Applicant Printed Name:****National Producer Number (NPN):**

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**Applicant Signature:****Date:**

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