

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. ***Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.***

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

Applicant Information:

Name (Last, First, MI): _____

Address: _____

City, State and Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN (if required): _____ Citizenship: _____

Sex: _____ Race: _____ Height _____ Weight _____ Eyes _____

Authorized Entity Information:

Account Number (MNU): 152291 ORI: NV0131700

Applicant Responsible for Fees: --OR-- Bill to Account Number (MNU) _____

Reason Fingerprinted (NRS or Public Law) ___NRS 458.0255 (civilian) or ___NRS 458.0256 (Armed Forces)

Submit Fingerprints Electronic LiveScan: Yes No
If NO, please print hard cards and return to applicant for manual submission.

****Signature of Authorization:**

(Signature of Employer or Authorized Entity requesting fingerprints)

Fingerprint Site Information:

Signature of Official Taking Prints: _____

_____ TCN Number (used for tracking purposes): _____