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):

4126 Technology Way, 2nd Floor ● Carson City, Nevada 89706
dpbh.nv.gov

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