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: _______ Hair: _______

**Authorized Entity Information:**

Account Number (MNU): ___________________________ ORI: ___________________________

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

Reason Fingerprinted (NRS or Public Law) __________________________________________

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): __________________________

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