



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
 BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE  
 727 Fairview Drive, Suite E  
 Carson City, NV 89701  
 Phone: (775) 684-1030 Fax: 775-684-1073

COMMUNITY BASED LIVING ARRANGEMENT SERVICES  
 (CBLA) 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.

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

**APPLICANT INFORMATION**

Applicant Name (Last, First, MI): \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED ENTITY INFORMATION/FINGERPRINT CARD INFORMATION**

Account Number (MNU): 152210

ORI: NV920695Z

Reason Fingerprinted: NCPA/VCA

\_OCA: \_\_\_\_\_ (enter name of CBLA)

**PROOF OF FINGERPRINT SUBMISSION**

Name of Fingerprinting Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Official Taking Prints: \_\_\_\_\_ Date: \_\_\_\_\_

TCN Number: \_\_\_\_\_ (Used for Tracking Purposes)