



EMERGENCY MEDICAL SYSTEMS  
 4126 Technology Way, Ste 100  
 Carson City, Nevada 89706  
 Telephone (775) 687-7590 • Fax (775) 687-7595  
<http://dpbh.nv.gov/Reg/EMS/EMS-home/>

**FINGERPRINT REQUEST FORM**

Please provide this form to the fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required 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.***

**\*REQUIRED**

**Applicant Information:**

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

\*Address: \_\_\_\_\_

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

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

\*SSN: \_\_\_\_\_ \*Citizenship: \_\_\_\_\_

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

**Authorized Entity Information:**

Account No. (MNU): **880485**

ORI: **NV920716Z**

Reason Fingerprinted: **NRS450B.800**

**Fingerprint Site Information:**

**Fingerprint technician**, please ensure that you see a government issued photo ID for identity verification purposes prior to fingerprinting and return form to the applicant when completed. **\*Please ensure all fields are completed.**

\*Did Applicant Pay \$40.25 Processing Fee? Yes | No (circle one) \*Type of Fingerprint Submission: Fingerprint Cards | LiveScan (circle one)

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

\*TCN No. (used for tracking purposes): \_\_\_\_\_

\*Agency/Organization/Business: \_\_\_\_\_



Nevada Department of Health and Human Services  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

