

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: \_\_\_\_\_ 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): \_\_\_\_\_