



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.***

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.

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:

(circle yes or no)

Did Applicant Pay \$40.25 Processing Fee? Yes | No

(circle one)

Type of Fingerprint Submission: Fingerprint Cards | LiveScan

Signature and Date of Official Taking Prints: _____

TCN No. (used for tracking purposes): _____



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