

STATE OF NEVADA

JOE LOMBARDO
Governor



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Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF ORIENTAL MEDICINE

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 governmental 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): 880665 ORI: NV 0131700
Applicant Responsible for Fees: YES
Fingerprinted (NRS or Public Law): NVRS-634A-110
Submit Fingerprints Electronic LiveScan: YES

**Signature of Authorization: (Signature of Person requesting fingerprints)

Fingerprint Site Information:

Signature of Official Taking Prints: _____
TCN Number (used for tracking purposes): _____