STATE OF NEVADA
BOARD OF ORIENTAL MEDICINE
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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 920727Z
Applicant Responsible for Fees: YES
Fingerprinted (NRS or Public Law): NRS 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):_____