



State of Nevada
Board of Environmental Health Specialists

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LiveScan Electronic Fingerprinting

Fingerprint Technician: Please request valid identification from applicant.

Applicant: Provide this form to the fingerprint technician at the time fingerprints are taken.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth _____ Place of Birth _____

SSN _____ Citizenship _____

Sex _____ Race _____ Hgt. _____ Wgt _____ Eyes _____ Hair _____

Authorized Entity Information:

Bill to Account Number: 881193

Account Number (MNU): 881193 ORI: NV0131700
Reason Fingerprinted: NRS 625A.100

The above-named individual was fingerprinted and the results will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Nevada Board of Environmental Health Specialists.

Signature of person taking fingerprints

TCN Number

Date

Applicant: Please submit this receipt with your application.