



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: NV920731Z  
Reason Fingerprinted: NVRS-625A-100

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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.

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Signature of person taking fingerprints

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TCN Number

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Date

**Applicant: Please retain this receipt with your application.**