Brian Sandoval
Governor

James M. Wright
Interim Director

General Services Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6265
www.nvrepository.state.nv.us

Julie Butler
Division Administrator

September 19, 2013

Notification for Civil Applicant Account Holders

The State of Nevada Department of Public Safety (DPS) General Services Division is the liaison between the State of Nevada and the Federal Bureau of Investigation (FBI) for fingerprint submissions as required by State or Federal Law for employment or licensing.

In order to reduce unnecessary handling, processing errors, billing issues and invalid dissemination of the Criminal History Record Information we are asking that each account holder create a Fingerprint Request Form to provide to their applicants. The implementation of the Fingerprint Request Form, as a "Best Business Practice", will ensure that your applicant is presenting all of the required and authorized information to the fingerprinting site.

We have included a sample Fingerprint Request Form to assist you with developing a document specific to your agency or business entity. This form contains all of the information that is required for successfully processing fingerprints for State and FBI criminal history background checks. Additionally, the sample form includes a section for applicant information, authorized entity information (agency or business entity) and the fingerprint site information.

We really appreciate your cooperation and willingness to implement this "Best Business Practice". The creation of the Fingerprint Request Form specific to your agency or business entity will help ensure that you are receiving responses and monthly billing for only your applicants.

Please feel free to contact me with any questions that you may have. My contact information is listed below.

Julie Ornellas, Program Officer II – Fingerprint Support Unit - Civil
Office (775) 684-6214 Email: jornellas@dps.state.nv.us

Thank you,

Julie Ornellas

Julie Ornellas, Program Officer II

Your Entity Name/Letter head
Address/Contact Information

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.

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

APPLICANT INFORMATION

Applicant Name (Last, First, MI): _____

Applicant Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____
(If required)

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

AUTHORIZED ENTITY INFORMATION

Account Number (MNU): _____ ORI: _____

Bill to Account Number (MNU): _____ Reason Fingerprinted: _____
(If applicable) (NRS or Public Law)

Submit Fingerprints Electronic Livescan:

Yes: _____

No: _____ (If no, please print hard cards and return to applicant for manual submission)

Signature of Authorization: _____
(Signature of Employer or Authorized Entity requesting fingerprints)

FINGERPRINT SITE INFORMATION

Signature of Official Taking Prints: _____ Date: _____

TCN Number: _____ (Used for Tracking Purposes)

SAMPLE