



FAX: 775-684-6274

Or scan and email to: ap@dps.state.nv.us

***I am paying for:**

Brady CNC Finger Print - Customer Account Number _____

Billing Address

*First Name: _____ *Last Name: _____

*Street Line 1: _____

Street Line 2: _____

*City: _____ *State: ____ *Zip: _____

Country: _____

*Phone: _____ Ext: _____ Fax: _____

E-Mail: _____

Physical Address Same as Billing Different Address (See address below)

Street Line 1: _____

Street Line 2: _____

City: _____ State: ____ Zip: _____

Country: _____

Payment Details

*Payment Amount: _____ *Payment Date: _____

(Current Date Only)

Reference: _____

Name on Check _____

*Account Number: _____

*Routing Number: _____

*Account Type: Checking Savings

***Indicates required field** (Your payment will not process without all required fields filled out)