

STATE OF NEVADA



OFFICE OF THE
SECRETARY OF STATE

Fingerprint Request Form
Applicant for Document Preparation Services Registration

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: _____ Height: _____ Wgt: _____ Eyes: _____ Hair: _____

AUTHORIZED ENTITY INFORMATION

Account Number (MNU): 151561 ORI: NV920732Z

Reason Fingerprinted: NRS 240A.110
(NRS or Public Law)

* Submit Fingerprints via Electronic LiveScan (no paper fingerprint card) *

Signature of Authorization: Office of the Nevada Secretary of State
(Signature of Authorized Entity requesting fingerprints)

FINGERPRINT SITE INFORMATION

Signature of Official Taking Prints: _____ Date: _____

TCN Number: _____ (Used for Tracking Purposes)

Document Preparation Services
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030
(702) 486-2614