



Third Party Certifier Fingerprint Request

CFR 384.228 and NAC 483

Federal regulations require a person applying to become a third party certifier to have a nationwide criminal background check completed as part of the process to become a third party certifier.

Please provide this form along with a photo ID to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required information needed for processing. The list of known fingerprint agencies/vendors can be found at www.nvrepository.state.nv.us/fingerprints.shtml

Applicant Information

LAST NAME (PRINT)		FIRST NAME		MIDDLE NAME	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	
PRIMARY PHYSICAL ADDRESS, CITY, STATE, ZIP CODE					
SEX (CIRCLE) M F	HEIGHT FT. IN.	WEIGHT LBS.	HAIR COLOR	EYE COLOR	
Applicant Signature: _____ Date: _____					

Authorized Entity Information

ACCOUNT NUMBER (MNU) 151732	ORI NVCMV000Z
BILL TO ACCOUNT NUMBER (MNU)*	REASON FINGERPRINTED CMVSE Act

*To be completed by fingerprint site.

Fingerprint Site Information

Fingerprints Submitted Electronic Livescan:

- YES
- NO (If no, please print hard cards and return to applicant for manual submission)

Signature of Official Taking Prints: _____	Date: _____
TCN Number: _____ (Used for tracking purposes)	