AGENCY PAID FINGERPRINT REQUEST FORM INSTRUCTIONS

To comply with the background check requirements for the State of Nevada EMS program, please follow these steps carefully if your fingerprint fees are being paid by your agency:

1. Prepare Required Documents

- Obtain the **Nevada EMS Fingerprint Request Form** from your agency or the appropriate source.
- Ensure you have valid identification as required by the fingerprinting entity (e.g., driver's license, state ID).

2. Fill Out the Fingerprint Request Form

- Complete the **top section** of the form, which includes your demographic information:
  - Full Name
  - Date of Birth
  - Social Security Number
  - Address
- Verify that your agency's **Account Number (MNU)** is written in the designated space on the form. This is crucial to ensure your fees are covered by your agency.

3. Visit a Livescan Fingerprint Location

- Take the completed **Nevada EMS Fingerprint Request Form** and your identification to an approved Livescan digital fingerprinting provider.

4. Complete the Fingerprinting Process

- The fingerprinting entity will:
  - Digitally capture your fingerprints.
  - Fill out the **bottom section** of the Nevada EMS Fingerprint Request Form to confirm the fingerprinting process is complete.

5. Submit the Completed Form

- Once the form is fully completed by both you and the fingerprinting entity:
  - Scan or take a clear photo of the form.
  - **Upload the completed form** into your EMS application through the designated submission portal.

For any questions or concerns, contact the State of Nevada EMS program or your agency representative for assistance.

Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

EMERGENCY MEDICAL SYSTEMS
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http://dpbh.nv.gov/Reg/EMS/EMS-home/

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician at the time the fingerprints are taken to ensure that all fields contain the required information needed for processing. ***Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.***

***REQUIRED**

Applicant Information:

***Name (Last, First, MI):** _____

***Address:** _____

***City, State, Zip:** _____

***Date of Birth:** _____ ***Place of Birth:** _____

***SSN:** _____ ***Citizenship:** _____

***Sex:** _____ ***Race:** _____ ***Height:** _____ ***Weight:** _____ ***Eyes:** _____ ***Hair:** _____

Authorized Entity Information:

Account No. (MNU): 880485 **ORI: NV920716Z** **Reason Fingerprinted: NRS450B.800**

Fingerprint Site Information:

Fingerprint technician, please ensure that you see a government issued photo ID for identity verification purposes prior to fingerprinting and return form to the applicant when completed. ***Please ensure all fields are completed.**

***Bill to Account No. (MNU):** _____ ***Type of Fingerprint Submission:** Fingerprint Cards | LiveScan
(circle one)

***Signature of Official Taking Prints:** _____ ***Date:** _____

***TCN No. (used for tracking purposes):** _____

***Agency/Organization/Business**: _____

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REV 1/2025