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DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



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PROVIDER 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 you are paying your own fingerprint fees:

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
- You **do not** need to include an agency's **Account Number (MNU)** on the form.

3. Choose a Fingerprinting Provider

- If you visit a private vendor that **accepts the DPS fee at the time of service**:
 - Submit your Livescan fingerprints as usual and continue with the next steps.
- If you visit a service that **does not accept the DPS fee** (e.g., a local law enforcement agency):
 - Request that the fingerprinting provider completes traditional fingerprint cards.
 - Prepare a **cashier's check or money order** in the amount of \$39.00, made payable to the **Nevada Department of Public Safety**.
 - Mail the completed fingerprint cards, along with the payment, to the following address:

Nevada Department of Public Safety
333 W Nye Ln Ste 100
Carson City, NV 89706

4. 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.





EMERGENCY MEDICAL SYSTEMS

4126 Technology Way, Ste 100

Carson City, Nevada 89706

Telephone (775) 687-7590 • Fax (775) 687-7595

<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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Health and Human Services
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