



**STATE OF NEVADA  
BOARD OF ORIENTAL MEDICINE**

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**FINGERPRINT REQUEST FORM**

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. **Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.**

Fingerprint technician, please ensure that you see governmental photo ID for identity verification purposes prior to fingerprinting.

**Applicant Information:**

Name (Last, First, MI): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SSN (if required): \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**Authorized Entity Information:**

Account Number (MNU): 880665 ORI: NV 920727Z  
Applicant Responsible for Fees: YES  
Fingerprinted (NRS or Public Law): NRS 634A.110  
Submit Fingerprints Electronic LiveScan: YES

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**\*\*Signature of Authorization: (Signature of Person requesting fingerprints)**

**Fingerprint Site Information:**

Signature of Official Taking Prints: \_\_\_\_\_  
TCN Number (used for tracking purposes): \_\_\_\_\_