

## **Nevada Taxicab Authority** State of Nevada - Business and Industry

2090 E. Flamingo Road Suite 200 Las Vegas Nevada 89119 Telephone (702) 668-4000 • Fax (702) 668-4001 http://taxi.nv.gov

## **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 photo ID for identity verification purposes prior to fingerprinting.

APPLICANT INFORMATION:

Name (Las	t, First, MI):	TA	TA	70		
Address:				//		
City, State	and Zip:		SEAL OF	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Date of Birth:		Place of Birth:	Place of Birth:			
SSN:		Citizenship:	Citizenship:			
Sex:	Race:	Height:	Weight:	E <mark>ye:</mark>	Hair:	
***DO NOT COMPLETE BELOW! ADMIN ONLY!***						
AUTHORIZED ENTITY INFORMATION:						
Account Number (MN <mark>U</mark> ): <u>880143 ORI: <u>NV0020700</u></u>						
****Applicant Responsible for Fees: <u>YES</u> **** Reason Fingerprinted (NRS or Public Law): <u>NRS CODE 706.8841</u> Submit Fingerprints Electronic LiveScan: <u>YES</u> **Signature of Authorization: Administrator Todd Park						
FINGERPRINT SITE INFORMATION:						
Signature of Official Taking Prints:				Da	te:	
TCN Numb	er (used for tra	cking purposes):				
				T4000		