



P.O. Box 34296 • Reno, Nevada 89533-4296 • (775) 787-2636 • atrainer@nsbat.nv.gov

FINGERPRINT REQUEST FORM

Applicants: 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 valid, non-expired government issued photo ID for identity verification purposes prior to fingerprinting.

APPLICANT INFORMATION

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

Phone: _____ Email: _____

Applicant Signature: _____ Date: _____

AUTHORIZED ENTITY INFORMATION

Reason Fingerprinted:
NRS640B.310

Miscellaneous No. MNU:
881086

ORI: NV0131700
ST HWY PAT
CARSON CITY, NV

Signature of Authorization: Michelle Cothrun
Michelle Cothrun, Executive Secretary, Nevada State Board of Athletic Trainers

FINGERPRINT SITE INFORMATION

Submit Fingerprints Electronic Live Scan (check one): Yes: _____ No*: _____

*If no, please print hard cards and return to applicant for manual submission. *Applicant is responsible for Fees.*

Fingerprint Technician Signature: _____ Date: _____

TCN Number (used for tracking purposes): _____