



NEVADA STATE BOARD OF ACCOUNTANCY

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Electronic Fingerprinting

Provide this form to the fingerprint technician at the time fingerprints are taken.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth _____ Place of Birth _____

SSN _____ Citizenship _____

Sex _____ Race _____ Hgt. _____ Wgt _____ Eyes _____ Hair _____

Reason: NRS 628.190

ORI: NV920450Z

Acct#: 880572

The above-named individual was finger-printed and the results will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the Nevada State Board of Accountancy.

Applicant: Please submit this receipt with your application.

Signature of person taking fingerprints