



# State of Nevada Private Investigators Licensing Board

3110 S. Durango Dr., Suite 203  
Las Vegas, NV 89117  
Telephone: (702) 486-3003

## FINGERPRINT SUBMISSION RECEIPT

### Instructions for the Applicant:

1. Provide this **stamped** form to the fingerprint technician at the time fingerprints are taken.
2. Provide PILB a color 2x2 photo
3. **Upon completion of fingerprinting, this form must be returned to the PILB by mail or in person.**

**Failure to do so will delay processing of you application.**

**PILB Stamp:**

**PILB Representative Signature:**

Fingerprint Agencies are **NOT** permitted to process or submit fingerprints to the Central Repository unless this box is stamped and signed by a PILB representative, or confirmation of payment has been verified.

**NOTE:** Applications not completed within 30 calendar days **will be withdrawn.** Withdrawn applications **will not be processed, will not result in a work card or a license, and will not be refunded.**

Applicant Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Place of Birth (City and State): \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Fingerprint Agency Stamp:**

**Technician Signature:** \_\_\_\_\_

**TCN #:** \_\_\_\_\_

**Date Printed:** \_\_\_\_\_

**Reason: NVRS-648-080-AND/OR-648-203**

**ORI: NV920681Z ACCT#: 880138**

The above-named individual was fingerprinted via Livescan, and the results will be submitted to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation on behalf of the Private Investigators Licensing Board to determine the applicant's criminal history.