

**State of Nevada
Department of Business and Industry
Real Estate Division**

Verification of Fingerprints Submitted

The fingerprints of the named applicant have been taken and forwarded electronically to the Nevada Department of Public Safety Central Repository:

Name (Please Print) _____

Date of Birth (mo/day/year) _____

Social Security Number _____ - _____ - _____

Home Address (Street) _____

City _____ State _____ Zip _____

Telephone (_____) _____ Place of Birth: _____

Type of License (Check one):

_____ Real Estate (salesman, broker-salesman, broker)

_____ Appraisal (licensed, certified, intern)

_____ Timeshare sales agent

_____ Inspector of Structures

_____ Community Association Manager

_____ Property Management Permit

_____ Business Broker Permit

_____ Qualified Intermediary

By this signature, I authorize my fingerprints to be submitted to the Nevada Criminal History Repository and the Federal Bureau of Investigation for a criminal background report.

Applicant Signature _____ Date _____

For Office Use Only

Agency Stamp _____

Date Prints Submitted: _____

Processed by: _____

TCN: _____