



**STATE GAMING CONTROL BOARD
GAMING EMPLOYEE REGISTRATION
FINGERPRINT RECEIPT**

Please Print Legibly

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

Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship _____

Sex ___ Race ___ Hgt. ___ Wgt. ___ Eyes ___ Hair ___

Employer: _____

Position: _____

Reason: NRS 463.335 ORI: NV0020800 Miscellaneous No. (MNU): 881020

The above named gaming employee obtained fingerprints, which were / will be sent electronically to the Central Repository for Nevada Records of Criminal History under the account number of the Gaming Control Board.

(Agency or Agency Stamp)

(Representative)

(Date)

Official Use Only: _____