



**NEVADA GAMING CONTROL BOARD**  
**INVESTIGATIONS DIVISION**  
**ELECTRONIC FINGERPRINT RECEIPT**

*For fingerprints obtained in Nevada present this form and a completed Form 28A (Fingerprint Background Waiver) to the fingerprint technician at the time fingerprints are taken.*

Name \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Type of Application:**

☐ Nonrestricted ☐ Registration ☐ Restricted ☐ Service Provider

Location/Company Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

**INVESTIGATIONS DIVISION**

Reason: **NVRS-463-1405** ORI: **NV920875Z** Miscellaneous No. (MNU): **150862**

TCN No. or PCN No. : \_\_\_\_\_

\_\_\_\_\_  
(Agency or Agency Stamp) (Representative) (Date)

Official Use Only: \_\_\_\_\_