



INVESTIGATIONS DIVISION APPLICATION FOR LICENSURE

NEVADA GAMING CONTROL BOARD

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.

Reason: NRS 463.1405 ORI: NV0131200 Miscellaneous No. (MNU): 150862

Please Print Legibly

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:

Restricted **Nonrestricted**

Registration **Service Provider**

Location 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 Gaming Control Board Investigations Division.

TCN No. or PCN No. : _____

(Agency or Agency Stamp)

(Representative)

(Date)

Official Use Only: _____