



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

TCN No. or PCN No. : _____

(Agency or Agency Stamp)

(Representative)

(Date)

Official Use Only: _____