

State of Nevada
Department of Business and Industry
Real Estate Division

Verification of Fingerprints Submitted

Include this form when applying to the Nevada Real Estate Division

The fingerprints of the named applicant have been taken and forwarded electronically to the Central Repository for Nevada Records of Criminal History.

Name (Please Print): _____

Date of Birth (Mo/Day/Year): _____

Last Four Digits of SSN or Tax ID: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone# (Include Area Code): _____

KEY

Type of License (check one):

- _____ Real Estate (Broker, Broker-salesperson, Salesperson, Cooperative Broker or Business Broker)-**NVRS-645-355**
- _____ Appraisal (Residential, Certified Residential, Certified General or Intern)-**NVRS-645C-650**
- _____ Appraisal Management Company-**NVRS-645C-650**
- _____ Timeshare Sales Agent-**NVRS-119A-210**
- _____ Community Manager/Reserve Study Specialist-**NVRS-116A-432**
- _____ Energy Auditors/Inspector of Structures (General, Residential, Master)-**NVRS-645D-180**
- _____ Asset Manager-**NVRS-645H-530**
- _____ Asset Management Company-**NVRS-645H-480**

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.

Signature

Date

For Office Use Only

Date Prints Submitted: _____

TCN/APCN: _____

Processed by: _____

Fingerprinting Pros 2351 Pyramid Way Suite 18 Sparks, NV 89431 775-376-5222
