

Nevada Division of Insurance Fingerprint Authorization Form

APPLICANT, bring this form with you to an approved fingerprint vendor or you cannot be fingerprinted. After being fingerprinted, you MUST attach this form AND a completed Fingerprint Background Waiver to your insurance application in Sircon or NIPR!

****You CANNOT be fingerprinted until AFTER you have submitted a license application!****

Name (Last, First, Middle): _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Sircon Confirmation ID or NIPR Transaction #: _____

(Your fingerprints **CANNOT** be taken without either a Sircon Confirmation ID or NIPR Transaction #. This information can be found in the confirmation email sent from Sircon or NIPR **AFTER** submitting an application.)

Please indicate which license type you are applying for:

_____ **NVRS-683A-251-AND-NVRS-683A-261:** Resident Producers: Insurance Producer, Accident and Health Insurance Producer, Property Insurance Producer, Casualty Insurance Producer, Variable Annuities and Variable Life Insurance Producer, Credit Insurance Producer, Personal Lines Producer consisting of Automobile Motorcycle and Residential Property Insurance, Fixed Annuities Insurance Producer, Travel Insurance Producer, Rental Car Insurance Producer, Portable Electronics, Insurance Producer, Crop Insurance Producer

_____ **NVRS-684A-070:** Adjuster

_____ **NVRS-697-180:** Bail Agent, General Agent, Bail Enforcement Agent, Bail Solicitor

_____ **NVRS-689-520:** Burial & Cemetery Services Agent

_____ **NVRS-689-490:** Burial & Cemetery Services Seller

_____ **NVRS-695J-120:** Exchange Enrollment Facilitator

_____ **NVRS-689-235:** Funeral Services Agent

_____ **NVRS-689-175:** Funeral Services Seller

_____ **NVRS-683A-160:** Managing General Agent

_____ **NVRS-695A-330-AND-683A-251:** Fraternal Benefit Society

Fingerprint Agency Use Only

Fingerprint Agency Stamp

Fingerprint Agency Representative

Date

TCN # (tracking number): _____