



Nevada State Board of Pharmacy

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FINGERPRINT SUBMISSION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANTS

YOU MUST COMPLETE THE FOLLOWING BEFORE WE CAN PROCESS YOUR APPLICATION FOR A WHOLESALER LICENSE:

1. Each person required to submit fingerprints pursuant to NRS 639.500 must submit a complete set of fingerprints by contacting a local law enforcement agency for fingerprinting. Please provide a copy of these instructions to the fingerprint official to ensure that all fields on the fingerprint card contain the required/authorized information needed for processing. The following fields **MUST** be completed:

- Name of person fingerprinted
- Signature of person fingerprinted
- Residence of person fingerprinted
- Date and Signature of official taking fingerprints
- Employer/applicant name and address
- Date of birth
- Place of birth
- Sex
- Race
- Height
- Weight
- Eyes
- Hair

2. The following fields **MUST** be **LEFT BLANK** on the fingerprint card for completion by the Board:

- ORI
- Reason fingerprinted

3. Each person required to submit fingerprints pursuant to NRS 639.500 must complete and sign the Nevada Department of Public Safety's "Fingerprint Background Waiver" Form (available at http://rccd.nv.gov/uploadedFiles/gsdnvgov/content/FeesForms/0505RCCD-003-072017rev_Background%20Waiver_fillable.pdf) and return it together with the completed fingerprint card and a cashier's check or money order in the amount of \$40.25 made payable to "Nevada State Board of Pharmacy" to the Board's Reno office at the address above. **The Form must indicate "Nevada State Board of Pharmacy" as the agency.**

FINGERPRINT CARDS THAT ARE NOT PROPERLY COMPLETED IN COMPLIANCE WITH THESE INSTRUCTIONS OR ARE DATED OVER ONE YEAR WILL BE REJECTED AND YOUR APPLICATION WILL NOT BE PROCESSED.

INSTRUCTIONS FOR FINGERPRINT OFFICIAL

Please require the person fingerprinted to present a valid government-issued identification and verify the person's identity prior to fingerprinting.