

# **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!**

**\*\*DUPLICATION OF THIS FORM IS STRICTLY PROHIBITED\*\***

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please indicate which license type you are applying for:**

\_\_\_\_\_ **683A.251:** 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

\_\_\_\_\_ **684A.070:** Adjuster

\_\_\_\_\_ **697.180:** Bail Agent, General Agent, Bail Enforcement Agent, Bail Solicitor

\_\_\_\_\_ **689.520:** Burial & Cemetery Services Agent

\_\_\_\_\_ **689.490:** Burial & Cemetery Services Seller

\_\_\_\_\_ **695J.120:** Exchange Enrollment Facilitator

\_\_\_\_\_ **689.235:** Funeral Services Agent

\_\_\_\_\_ **689.175:** Funeral Services Seller

\_\_\_\_\_ **683A.160:** Managing General Agent

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## **Fingerprint Agency Use Only**

\_\_\_\_\_  
**Fingerprint Agency Stamp**

\_\_\_\_\_  
**Fingerprint Agency Representative**

\_\_\_\_\_  
**Date**

**TCN # (tracking number):** \_\_\_\_\_