



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

FINGERPRINT SUBMISSION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANTS

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

1. Each person required to submit fingerprints pursuant to NVR-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 | • Place of birth |
| • Signature of person fingerprinted | • Sex |
| • Residence of person fingerprinted | • Race |
| • Date and Signature of official taking fingerprints | • Height |
| • Employer/applicant name and address | • Weight |
| • Date of birth | • Eyes |
| | • Hair |

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

- ORI
- Reason fingerprinted

Each person required to submit fingerprints pursuant to NVR-639-500 must complete and sign the Nevada Department of Public Safety's "Fingerprint Background Waiver" Form (available at [https://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/Fingerprint Information and Forms/0505RCCD-003-082020 Background%20Waiver fillable\(30%20Mar%202021\).pdf](https://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/Fingerprint%20Information%20and%20Forms/0505RCCD-003-082020%20Background%20Waiver%20fillable(30%20Mar%202021).pdf)) and return it together with the completed fingerprint card and a cashier's check or money order in the amount of **\$40.00** 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, and dated the same date or before the date on the fingerprint card.**

FINGERPRINT CARDS OR WAIVERS 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.