



B&D Fingerprinting Services LLC



Nevada Insurance Division

Electronic Fingerprint Verification Form

It is the **CUSTOMER'S** responsibility to see that this form along with the Waiver are sent to the Insurance Division!!!!

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone: _____

Account: ORI: NV920190Z MNU: 880141 RFP: See Below-PLEASE CHECK

_____ **683A.160:** Managing General Agent

_____ **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:** Adjusters

_____ **689.235:** Funeral Services Agent

_____ **689.175:** Funeral Services Seller

_____ **689.520:** Burial & Cemetery Services Agent

_____ **689.490:** Burial & Cemetery Services Seller

_____ **692B.070:** Domestic Insurers Solicitation Permit-holders

_____ **692B.190:** Securities Sellers

_____ **695J.120:** Exchange Enrollment Facilitator

_____ **697.180:** Bail Agent, General Agent, Bail Enforcement Agent, Bail Solicitor

The above person was Fingerprinted on _____

FULL TCN: _____

Fingerprinted by: _____ AT:

B&D Fingerprinting Services LLC

800 N Rainbow Blvd Executive Suite 175

Las Vegas, NV 89107

Walk-in's M-F 9:00am-5:00pm Sat 9:00am-12:00pm

Contact us: 702-485-5256 or email info@bdfingerprinting.com