

STATE OF NEVADA

BRIAN SANDOVAL  
Governor

RICHARD WHITLEY, MS  
Interim Director



RICHARD WHITLEY, MS  
Administrator

TRACEY D. GREEN, MD  
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MME AGENT APPLICANT FINGERPRINT SUBMISSION FORM

**Provide this form to the fingerprint technician at the time fingerprints are taken and return the stamped version of this form to the MME designee as outlined in the instructions on page 2.**

**Note:** Electronic Submission to DPS is REQUIRED.

**Fingerprint technician:** please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the grey box below and return this form to the applicant for submission to the Medical Marijuana Program.

Applicant Name (Last, First, MI): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hgt.: \_\_\_\_\_ Wgt.: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**The Applicant will be an agent for the following Medical Marijuana Establishment(s). Please enter the full name and identification number of the MME(s).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason Fingerprinted:** NRS 453A.332  
**Miscellaneous MNU#:** 150078 (aka account #)  
**ORI:** NV0131700

The above-named individual was fingerprinted and said prints have been electronically submitted to the Central Repository for Nevada Records of Criminal History on behalf of the Medical Marijuana Program, Division of Public and Behavioral Health.

Fingerprint Agency Stamp

Livescan prints taken by  
3&D FINGERPRINTING SERVICES, LLC

Fingerprint Representative Signature

TCN #: \_\_\_\_\_

Date: \_\_\_\_\_