



State of New Hampshire

DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner of Safety

Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305

223-8813

Speech/Hearing Impaired
TDD Access: Relay NH
1-800-735-7964

Colonel Christopher J. Wagner

APPLICANT/LICENSING LIVESCAN FINGERPRINTING

Revised October 10, 2016

_____, _____ upon showing positive identification, was fingerprinted by livescan
(Name of Applicant/Licensee) (Applicant's DOB)

technology at _____ on _____ at _____
(Location) (Date) (Time)

by _____. The Tracking Number for this transaction is _____.
(Name of Official Taking Fingerprints)

IMPORTANT: Applicants are responsible for the submission of this completed form, accompanied by their state criminal history authorization form along with all fees required to process this request. The fingerprint submission will not be forwarded to the FBI for processing until State Police has received all necessary documents and fees associated with this request.

Fingerprint submissions will only be held for 30 days. Failure to submit your documents and fees will result in the delay of your licensing or employment opportunities as fingerprint images **will be deleted after 30 days.**

(Applicants Signature)

Please select one of the following reasons for fingerprinting.

- | | |
|--|--|
| <input type="checkbox"/> Alcohol & Other Drug Professionals/RSA 330-C | <input type="checkbox"/> Education (Emp./ Vol.) RSA 189:13-a SAU _____ |
| <input type="checkbox"/> Applicants to Practice Medicine/RSA 329:11a | <input type="checkbox"/> Emergency Medical & Trauma Serv. RSA 153-A:10-a |
| <input type="checkbox"/> Banking Dept (RSA's included are 361-a:2, 399-A:1-A:3
399-D:2 – D:5, 397-A:1 – A:5, 383:7-A:3-305, 383-E:3 – 304, 399-G:5,) | <input type="checkbox"/> Games of Chance Facility License NH RSA 287-D:8 |
| <input type="checkbox"/> Board of Nursing/RSA 326-B:15 | <input type="checkbox"/> Game Operators/RSA 287-D:12 |
| <input type="checkbox"/> Hawkers, Peddlers & Vendors/RSA 31:102-a-b | <input type="checkbox"/> Medical Technician RSA 328-I:7 |
| <input type="checkbox"/> County Employees/ RSA | <input type="checkbox"/> Municipality (Employee/Volunteer)RSA 41:9-b |
| <input type="checkbox"/> Department of Safety Employees/ RSA 21-P | <input type="checkbox"/> Nursing Home Administrators RSA 151-A:6-a |
| <input type="checkbox"/> DHHS-Child Daycare Institutions/RSA 170-E:29 | <input type="checkbox"/> Physician Assistants/RSA 328-D:3-a |
| <input type="checkbox"/> DHHS-Child Daycare Providers/RSA 170-E:7 II | <input type="checkbox"/> Real Estate Appraisers/ RSA 310-B:6-a |
| <input type="checkbox"/> DHHS-License Exempt Daycare/RSA 170-E:7 II | <input type="checkbox"/> Serve America Act/ RSA |
| <input type="checkbox"/> Drivers Education/ RSA 263:44-b II | <input type="checkbox"/> Therapeutic Cannabis Program RSA 126-X:4,8 |
| <input type="checkbox"/> DHHS-Adoptive Parents(State Regulated-Select Volunteer)/RSA 170-B:18 | |
| <input type="checkbox"/> DHHS-Foster Parents(State Regulated-Select Volunteer)/RSA 170-E:29\ | |

Circle one:

Employee

Volunteer