



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 Robert L. Quinn

APPLICANT/LICENSING LIVESCAN PRINTING

Fees to be collected \$16.50 for Employees/\$15.00 for Volunteers

_____, _____ 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 _____.

The amount of _____ was received by the Applicant/Licensee to cover the fees
(This is the FBI fee – it does not include additional fees that the local department may charge for the fingerprinting process).
charged by the FBI for a fingerprint search of their files.

(Name of Person Taking Fingerprints)

****IMPORTANT:** Please select one of the following reasons for fingerprinting. If the reason the individual is printed is not listed below, **DO NOT** collect any fees. If the person is fingerprinted as miscellaneous, **DO NOT** collect any fees. **DO NOT** create another purpose for fingerprinting, if it is not listed below. The reasons listed below are the **ONLY** time fees (Employee Fee) need to be collected. After printing please attach the check to this form and send to NHSP Criminal Records. **

- | | |
|--|--|
| <input type="checkbox"/> Alcohol & Other Drug Professionals/RSA 330-C | <input type="checkbox"/> Game Operators/RSA 287-D:8 |
| <input type="checkbox"/> Applicants to Practice Medicine/RSA 329:11a | <input type="checkbox"/> Hawkers, Peddlers & Vendors/RSA 31:102-a-b |
| <input type="checkbox"/> Banking Dept (RSA's included are 361-A:2, 394-B:1 – B:4, 399-A:1 – A:3, 399-D:2 – D:5, 397-A:1 – A:5, 383:7, 399-G) | |
| <input type="checkbox"/> Board of Nursing/RSA 326-B:15 | <input type="checkbox"/> Municipality (Employee/Volunteer)RSA 41:9-b |
| <input type="checkbox"/> DHHS-Adoptive Parents(State Regulated-Select Volunteer)/RSA 170-B:18 | |
| <input type="checkbox"/> DHHS-Child Daycare Providers/RSA 170-E:7 II | <input type="checkbox"/> Physician Assistants/RSA 328-D:3-a |
| <input type="checkbox"/> DHHS-Foster Parents(State Regulated-Select Volunteer)/RSA 170-E:29 | |
| <input type="checkbox"/> DHHS-License Exempt Daycare/RSA 170-E:4 | |
| <input type="checkbox"/> Education Dept.(Employee/Volunteer) RSA 189:13-a SAU _____ | |

Circle one:

Employee Fee \$16.50

Volunteer Fee \$15.00