



## HOW TO CHALLENGE A NEVADA CRIMINAL HISTORY RECORD

The Nevada Criminal History Repository permits an individual who is the subject relating to records of Nevada Criminal History, the opportunity to challenge the information on their criminal record that he/she believes to be inaccurate or insufficient. The Criminal History Repository cannot provide information from another state or the Federal Bureau of Investigation (FBI), nor can the Repository correct out of state criminal history. To challenge your Nevada Criminal History, please follow the steps below.

### **Who can challenge the accuracy of a Nevada Criminal History Record?**

- Only the subject of the criminal history record can challenge the accuracy of their record.

### **How to challenge the ACCURACY of your Nevada Criminal History Record:**

- Complete Section 1 (Requestor) of the Request for Challenge form and the Statement of Inaccuracy. In your statement, please indicate in detail the arrest date, case number, arresting agency, charges, etc.
- Provide any supporting documentation regarding the inaccuracy, including
  - o Final Court Disposition
  - o Arrest report
  - o Prosecution Criminal Complaint
- Mail or fax completed form, statement, and supporting documentation to:

Nevada Department of Public Safety  
Records, Communications and Compliance  
**Criminal Records Unit**  
333 West Nye Lane, Suite 100  
Carson City, Nevada 89706  
Fax: (775) 687-3284

Any questions or inquiries can be directed to the Criminal Records Unit at (775) 687-0196 or emailed to [CR4709@dps.state.nv.us](mailto:CR4709@dps.state.nv.us). To safeguard your rights and ensure confidentiality, please do not send any documents through email.

*(continued)*



Records, Communications and Compliance Division

333 West Nye Lane, Suite 100

Carson City, Nevada 89706

Telephone (775) 684-6262 – Fax (775) 687-3288

[www.rccd.nv.gov](http://www.rccd.nv.gov)

**How to challenge your record as a result of a FINGERPRINT BASED EMPLOYMENT BACKGROUND CHECK:**

- If your employer has instructed you to challenge your criminal history record with the Nevada Department of Public Safety or you have been denied employment based on the results of a fingerprint based criminal history background check, you may challenge your record.
- The Requestor will need to complete Sections 1 and 2 (Employer and Requestor) of the Request for Challenge form and submit it to the Repository as listed above.
- Upon receipt of the challenge form, RCCD will verify a fingerprint based background check for employment purposes has been completed within the prescribed timeframe. If the challenge is received outside of the prescribed timeframe, a Personal Identification will need to be completed. Instructions for completing a Personal Identification can be found at this link: Personal Identification DPS-006
- Mail or fax completed form to:

Nevada Department of Public Safety  
Records, Communications and Compliance

**Fingerprint Support Civil Unit**

333 West Nye Lane, Suite 100

Carson City, Nevada 89706

Fax: (775) 687-3288



**REQUEST FOR CHALLENGE  
 NEVADA CRIMINAL RECORD INFORMATION (DPS-008-X)**

**Challenging Accuracy of Record**  
 If you are challenging the accuracy of your Nevada criminal history record, complete **only** the **Requestor** portion of this form below and include a written statement indicating the inaccuracy.

**Employment Determination/Eligibility**  
 If you have been notified by your employer that your fingerprint-based background check results have returned from the Criminal History Repository and you are challenging your record for employment purposes, complete both sections of the form below.

I, \_\_\_\_\_ (*Requestor*), request a copy of the criminal history record from the Records, Communications and Compliance Division of the Department of Public Safety to be sent to the requestor listed below.

**Section 1: Requestor**

_____	_____
<i>Full Name</i>	<i>Date of Birth</i>
_____	
<i>Mailing Address</i>	
_____	
_____	_____
<i>City, State and Zip Code</i>	<i>Contact Phone Number</i>

**Section 2: Employer (This section is required for an Employment Determination Challenge.)**

_____	_____
<i>Agency Name</i>	<i>Agency Account Number</i>
_____	
<i>Address</i>	
_____	
<i>City, State and Zip Code</i>	

By signing this form I attest that I am the subject of the requested record. I understand this form is intended to safeguard the rights of the signatory and ensure confidentiality of the requested information against non-authorized disclosure.

_____	_____
<i>Requestor Signature</i>	<i>Date</i>

For use by DPS Records Staff Only	
APCN# _____	Date Completed: _____
Completed by: _____	Exp. Date:: _____



STATEMENT OF CRIMINAL RECORD INACCURACY

Form with columns for Full Name of Requestor, Date of Birth, and Social Security Number, and a large grid for listing inaccuracies.

Requestor's Signature Date

Add additional pages if necessary.