



**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, _____, 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: Employer (This section is required for an Employment Determination Challenge.)

Agency Name _____
Agency Account Number

Address

City, State and Zip Code

Section 2: Requestor

Full Name _____
Date of Birth

Mailing Address

City, State and Zip Code _____
Contact Phone Number

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.

Requestor Signature _____
Date

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