



Records, Communications and Compliance Division
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www.rccd.nv.gov

CIVIL APPLICANT ACCOUNT UPDATE FORM
(one account per form)

For use by DPS Fiscal Staff Only

Update Processed By: _____

Date: _____

Company Name: _____

Federal Tax ID #/Social Security Number [] New RCCD Account Number

If "New", please provide the previous Federal Tax ID#/Social Security Number: _____

Regulatory Authority [] Add [] Delete _____

Address Change - applies to: [] Physical Location [] Billing Address [] Response Address

Physical Address City - State - Zip

Mailing Address City - State - Zip

Contact Information - applies to: [] Primary [] Secondary [] Billing Contact [] Response Contact [] Add [] Delete

Name and Title (printed) Telephone Number

E-mail Address Fax Number

Contact Information - applies to: [] Primary [] Secondary [] Billing Contact [] Response Contact [] Add [] Delete

Name and Title (printed) Telephone Number

E-mail Address Fax Number

Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 5 business days.

I, the undersigned, have the authority and am the responsible party to apply for an account on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, Records, Communications and Compliance Division.

Authorized Company Representative Signature Date

Authorized Company Representative Name-PRINTED Title