



Records, Communications and Compliance Division

2080 East Flamingo Road
Las Vegas, Nevada 89101
Telephone (702) 486-0654 ~ Fax (702) 486-6925
www.rccd.nv.gov

CIVIL NAME CHECK (CNC) FINANCIAL ACCOUNT APPLICATION
(Name based check for employment for Nevada businesses only)

Company Name:
DBA:
Physical Address:
City, State, Zip
Mailing Address:
City, State, Zip
Primary Telephone: Primary Fax:
Billing Contact Name:
Telephone: Fax:
E-mail Address:
Federal Tax ID# State of Nevada Business License #
Master Account Sub-Account Sub-Account Name:

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 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 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 Records, Communications and Compliance Division.

Signature Printed Name Date

For use by DPS Staff Only
CNC Account Number: PEND 3 Date:
Assigned By: PEND 4 Date:
Date: Credit Limit:
On-Site Completed By: Date:
SCOPE Access Provided By: Date:

CNC Program Access Application

Purpose of Background investigations:

Employees

Other: _____

Please provide a brief description of what services your company/ organization provides:

Please list the PROPERTY NAME and PHYSICAL LOCATION of each of your properties below:

List any additional properties on a separate sheet

Estimated average number of inquiries per month? _____

CNC Administrator Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

CNC Contact Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Technical Support Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Additional Personnel Authorized to access CNC:

<i>Name/Title</i>	<i>Phone #</i>	<i>E-mail Address</i>

Billing address:

Nevada Department of Public Safety
Records, Communications and
Compliance Division ATTN: Fiscal
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

Telephone: (775) 684-6262 ~ Fax: (775) 684-6265

CNC ACCESS AND INQUIRIES:

Nevada Department of Public Safety
Records, Communications and
Compliance Division ATTN: NCU
2080 East Flamingo Road
Las Vegas, NV 89101

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