



Records, Communications and Compliance Division Civil Applicant Account Update Form

All fields are required

Agency Name:			
Account Number:		Federal Tax ID #:	
Change Contact Person <i>*Please list all responsible person(s) for your account. Anyone that is not listed below and is currently on the account will be removed.</i>			
Primary Contact:		<input type="checkbox"/> Response <input type="checkbox"/> Billing <input type="checkbox"/> Both	
Phone: ()	Fax: ()	Email:	
Secondary Contact:		<input type="checkbox"/> Response <input type="checkbox"/> Billing <input type="checkbox"/> Both	
Phone: ()	Fax: ()	Email:	
Alternate Contact:		<input type="checkbox"/> Response <input type="checkbox"/> Billing <input type="checkbox"/> Both	
Phone: ()	Fax: ()	Email:	
Change Address <i>*Complete all address types even if there are no changes.</i>			
Billing Address:			
City:	State:	Zip:	
Response Address:			
City:	State:	Zip:	
Physical Address:			
City:	State:	Zip:	
Change/Add NRS, Local Ordinance, or Federal Authority <i>*A copy of the NRS, Local Ordinance or Federal Authority which allows you to request fingerprints, must accompany this form.</i>			
Current NRS:	NRS to Remove:	Add NRS:	
Would your agency like to be added to an email distribution list to receive Quarterly News Letters? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Additional Comments/Information:			
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 10 business days.		Leave Blank – NV DPS Use Only	
I, the undersigned, have the authority and am the responsible party to update 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.			
Name and Title of Person Submitting Form (Please Print Legibly):		For Records Use Only	
		FSU	Fiscal
		Updated By:	Updated By:
Signature: _____		Date:	Date:
Date: _____			

Send Completed form to:
 Nevada Department of Public Safety
 Records, Communications and Compliance Division
 333 W. Nye Lane, Suite 100
 Carson City, NV 89706

Or:
 Fax: (775) 687-3288
 Attn: Fingerprint Support Unit