



## NON-CRIMINAL JUSTICE (Civil) APPLICATION

Nevada authorizes governmental and certain organizations to conduct fingerprint-based background checks to help determine the suitability of a person applying for a license, employment, or a volunteer position.

Before an agency can ask an applicant to go get fingerprinted an agency must submit an application and apply with the Department of Public Safety – Records, Communications and Compliance Division (RCCD) to become an authorized recipient under a Nevada Revised Statute (NRS), Federal authority, and/or local or city ordinance.

**Both State and Federal Criminal History Record Information are subject to laws, rules and regulations governing its access, use, handling and dissemination.**

**A User Agreement will be generated from information provided in the attached application and presented to the user/receiving agency for signature within 6 months of establishing the account. The User Agreement will be presented during the initial audit and training conducted by RCCD NCJIS Compliance Unit staff.**

***RCCD retains the right to suspend your agency's account in the event the User Agreement is not completely executed in a timely manner.***

### DOCUMENTATION FOR ACCESS:

- Application must be completed in full with the below required documents at the time of submission. **Incomplete applications will not be processed.**
- A copy of your current Nevada State Business License issued by the **Nevada Secretary of State**.  
*Note: If your agency is a non-profit submit your Charter Certificate issued by the Nevada Secretary of State.*  
If you need to obtain a copy or apply for a Nevada State Business License or Certificate, please visit [www.nvsos.gov](http://www.nvsos.gov).
- A copy of your Federal Employer Identification Number (**FEIN**) issued by the Internal Revenue Services (**IRS**). If you do not have this, please visit [www.irs.gov](http://www.irs.gov) for assistance. *Note: Excludes sole proprietorships that are using social security numbers.*
- Federal and Governmental agencies only need to submit a completed application.**
- Applicable ONLY if applying under NRS 449:** A copy of your license issued by the Department of Health and Human Services, Division of Public and Behavioral Health, Health Care Quality and Compliance Unit (HCQC).

Include in the submittal of your application a copy of the Nevada Revised Statute, Local Ordinance or Federal authority as it applies to your business and as indicated on page 3 of this application—**ONLY ONE WILL APPLY:**

- Nevada Revised Statute(s)
- Local Ordinance
- Federal authority

**Please return application, completed in its entirety, to the following:**

Nevada Department of Public Safety  
Records, Communications and Compliance Division  
Attn: NCJIS Compliance Unit (NCU)  
333 West Nye Lane, Suite 100  
Carson City, NV 89701  
**(775) 684-6245 or (775) 684-6260**



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)

**NON-CRIMINAL JUSTICE (CIVIL) APPLICATION**

New Business  Change of Ownership

This business is:  Corporation  Sole Proprietorship  
 Government Agency  LLC/Partnership

|                   |   |
|-------------------|---|
| Agency Name _____ | Federal Tax ID/Social Security Number _____ |
|-------------------|---|

Please provide the names of all regulatory or auditing agencies:

|                            |       |
|----------------------------|-------|
| <b>Billing Information</b> |       |
| <b>Physical Address:</b>   | _____ |
| City, State, Zip Code:     | _____ |
| <b>Billing Address:</b>    | _____ |
| City, State, Zip Code:     | _____ |

|   |                        |
|---|------------------------|
| <b>Contact Information</b>  |                        |
| Primary Contact Name and Title (printed) _____  | Telephone Number _____ |
| Email Address _____   | Fax Number _____       |
| Secondary Contact Name and Title (printed) _____  | Telephone Number _____ |
| Email Address _____   | Fax Number _____       |
| Alternate Contact Name and Title (printed) _____  | Telephone Number _____ |
| Email Address _____   | Fax Number _____       |
| <p><b>Terms:</b> 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.</p> <p style="text-align: right;">_____ (Initial Here)</p> <p style="text-align: center;"><b>**There will be a \$25.00 fee assessed on ALL returned checks/e-checks.**</b></p> |                        |

| For use by RCCD Fiscal Staff Only |        |       |             |
|-----------------------------------|--------|-------|-------------|
| Account Number: _____             | PEND 3 | _____ | Date: _____ |
| Assigned By: _____                | PEND 4 | _____ | Date: _____ |
| Date: _____                       |        |       |             |



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**Response Information and Liaison** (Where the CHRI result(s) of the background investigation will be mailed and maintained.)

|                          |       |
|--------------------------|-------|
| <b>Physical Address:</b> | _____ |
| City, State, Zip Code:   | _____ |
| <b>Mailing Address:</b>  | _____ |
| City, State, Zip Code:   | _____ |

| Contact Information                                   |                  |
|---|------------------|
| (required) Primary Contact Name and Title (printed)   | Telephone Number |
| Email Address   | Fax Number       |
| (optional) Secondary Contact Name and Title (printed) | Telephone Number |
| Email Address   | Fax Number       |
| (optional) Alternate Contact Name and Title (printed) | Telephone Number |
| Email Address   | Fax Number       |

**Authorized Use - Check all that apply:**

| Type of Investigation:                       | Authority   |
|--|---|
| <input type="checkbox"/> Employment          | List and attach a copy of NRS,<br>Local or City Ordinance that pertains to your Agency. |
| <input type="checkbox"/> Licensing/Work card |   |

The Department of Public Safety, Records, Communications and Compliance Division is not authorized to provide legal advice. If you do not know what statutory authority allows you to receive Criminal History and/or Personal Identifying Information, please seek direction from your governing body or legal counsel.

|  |              |      |
|--|--------------|------|
| I, the undersigned, have the authority and am the responsible party to apply for an account on behalf of the agency listed above. I agree to the terms on page 2 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. |              |      |
| Signature  | Printed Name | Date |

**Criminal History Record Information and the information derived therefrom SHALL NOT be disseminated outside the State of Nevada or receiving agency.**

| For use by RCCD NCU Staff Only:                      |       |
|--|-------|
| <input type="checkbox"/> Approved                    |       |
| <input type="checkbox"/> Denied – Reason for Denial: | _____ |
| Signature:   | Date: |



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*Additional Information:*

*Please describe briefly what services your company/organization provides:*

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*Provide the name and physical address where Criminal History Information will be maintained for auditing purposes?*

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*Provide the names and titles of the employees who will have access to the Criminal History Information:*

| <i>Name</i> | <i>Title</i> |
|-------------|--------------|
|             |              |
|             |              |
|             |              |
|             |              |
|             |              |

*Will another agency handle Human Resources functions for your agency?  YES  NO*

*If yes, provide the name of the person/business: \_\_\_\_\_*

*What functions will they be performing for your agency?*

*(Example: reviewing criminal history, accounts payable, accounts receivable, etc.)*

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