

333 West Nye Lane, Suite 100 Carson City, Nevada 89706 Telephone (775) 684-6262 – Fax (775) 687-3288 www.rccd.ny.gov

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.

DOC	UMENTATION FOR ACCESS:		
	Application must be completed in full with the <u>below required documents</u> at the time of submission. <u>Incomplete applications will not be processed</u> .		
	A copy of your <u>current</u> 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 <u>www.nvsos.gov</u> .		
	A copy of your Federal Employer Identification Number (FEIN) issued by the Internal Revenue Services (IRS). If you do not have this, please visitRet www.irs.gov for assistance. <i>Note: Excludes sole proprietorships that are using social security numbers</i> .		
	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 <u>Department of Health and Human Services</u> , Division of Public and Behavioral Health, Health Care Quality and Compliance Unit (HCQC).		
	le in the submittal of your application a copy of the Nevada Revised Statute, Local Ordinance or Federal authority as lies to your business and as indicated on page 3 of this application— <i>ONLY ONE WILL APPLY</i> :		
	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



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NON-CRIMINAL JUSTICE (CIVIL) APPLICATION		☐New Business ☐ Change of Ownership	
	This business is:	☐Corporation ☐Government Agency	Sole Proprietorship LLC/Partnership
Agency Name		Federal Tax ID/Socia	al Security Number
Please provide the names of all regulatory or audi	iting agencies:		
Billing Information			
Physical Address: City, State, Zip Code:			
Billing Address: City, State, Zip Code:			
Contact Information			
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	
Terms: Statements will be mailed each month. In receipt. If a credit limit is granted for this application current. If an account is suspended, services will information including address must be reported within	on, the account may be suspended if the laccount of the provided until the account of	the credit limit is exceeded of	or if the account is not hange to organization
Any payment on account return	ned for Non-Sufficient Fund	ls will be assessed a \$2	25.00 fee.
F	For use by RCCD Fiscal Staff Only		
Account Number:	PEND 3	Γ	Date:
Assigned By:			Date:
Date:			



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Response Information and Liaison (Where the CHRI result(s) of the background investigation will be mailed and maintained.) **RESPONSE INFORMATION NOT APPLICABLE TO PRIVATE FINGERPRINT SITES:** Pursuant to Public Law 92-544, Private Fingerprint Sites are <u>not</u> authorized to receive criminal history record information.

Physical Address: City, State, Zip Code:					
Mailing Address: City, State, Zip Code:					
——————————————————————————————————————					
Contact Information					
(required) Primary Contact Name and	d Title (printed)	Telephone Number			
Email Address		Fax Number			
(optional) Secondary Contact Name a	nd Title (printed)	Telephone Number			
Email Address	_	Fax Number			
(optional) Alternate Contact Name an	d Title (printed)	Telephone Number			
Email Address		Fax Number			
Authorized Use - Check all tha	t apply:				
Type of Investigation:	Authority List and attach a copy of NRS, Local or City Ord				
Employment					
☐ Licensing/Work card					
Licensing/Work card The Department of Public Safe advice. If you do not know wh	ty- Records, Communications and Compliance Di nat statutory authority allows you to receive Crimi on, please seek direction from your governing bod	nal History and/or Personal Identifying			
The Department of Public Safe advice. If you do not know what Information I, the undersigned, have the author I agree to the terms on page Department.	nat statutory authority allows you to receive Crimi on, please seek direction from your governing bod nority and am the responsible party to apply for an acco 2 and I understand that any credit limit associated with ent of Public Safety, Records, Communications and Co	nal History and/or Personal Identifying y or legal counsel. ount on behalf of the agency listed above. this account is at the discretion of the mpliance Division.			
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Criminal History Record Information and the information derived therefrom <u>SHALL NOT</u> be disseminated outside the State of Nevada or receiving agency.

Additional Information:	
Please describe briefly what services your company/organi	zation provides:
Provide the name and physical address where Criminal His	story Information will be maintained for auditing purposes?
Provide the names and titles of the employees who will have	e access to the Criminal History Information:
Name	Title
Will another agency handle Human Resources functions for	r your agency? \(\text{TYES} \) \(\text{DNO} \)
	, , , , , , , , , , , , , , , , , , ,
If yes, provide the name of the person/business:	
What functions will they be performing for your agency? (Example: reviewing criminal history, accounts payable, account	ats receivable etc)
(2. a.m. processing estimate mistory, accounts payable, account	is receivable, etc.)