



To Obtain a Copy of Nevada Criminal History Records

The Nevada Criminal History Repository provides personal criminal history record information for the State of Nevada *only*. We cannot provide information for other states or the Federal Bureau of Investigation (FBI). In order to obtain your State of Nevada record, or proof that one does **not** exist, please follow the instructions below.

Who may request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

- Only the subject of the identification record can request a copy of his or her own Nevada Criminal History Record Information.

Please follow the instruction below on how to request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

1. Complete the Identification File Request for Nevada Records of Criminal History Form, 0000RCCD-006 (PID) on page 3. Please note, if for a couple, family, etc., all persons must obtain their own packet and complete the 0000RCD-006 form in its entirety.
2. Obtain proof of identity via 1 fingerprint card complete with name, date of birth (DOB), place of birth (POB), sex, race, height, weight, hair color, and eye color. Fingerprints should be placed on a standard fingerprint card FD-258. Please note that the fingerprint card must contain all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions) and your signature must be on the card. Fingerprints must be taken, dated, and signed by a certified fingerprinting technician. Only an original card will be accepted, please do not submit copies or previously processed cards. To obtain your fingerprints, go to the Las Vegas Metropolitan Police Department Records and Fingerprint Bureau at 400 South Martin Luther King Boulevard, Building C, Monday-Friday 8:00 AM – 5:00 PM. Be sure to bring your valid government issued identification.
3. \$23.50 (US dollars) in the form of a money order or certified check made out to the Nevada Department of Public Safety.
 - Please be sure to sign where required
 - No personal checks or cash will be accepted
 - Must be for the exact amount
 - If for a couple, family, etc., please include \$23.50 (US dollars) for each applicant and included in its own separate packet.

4. Please staple all of the items indicated in #1, #2 and #3 (listed above) together and return to the following address:

Department of Public Safety
Records, Communications and Compliance
Attn: Fingerprint Support Unit
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

****NOTE*** If any of the above items are missing or incomplete, the request will be returned.*

Please allow approximately 45 days for processing, upon receipt by the Repository.

5. What you will receive when the process is complete:
 - State Negative Record Response – a letter indicating that no State of Nevada Record was found.

or

 - State Positive Record Response – a letter indicating that a State of Nevada Record was located, along with the complete content of that record.



Department of Public Safety
Records, Communications and Compliance Division
Attn: Fingerprint Support Unit
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

**IDENTIFICATION FILE REQUEST FOR
STATE OF NEVADA RECORDS OF CRIMINAL HISTORY FORM**

I hereby authorize the State of Nevada Criminal History Repository to disclose criminal history record information, if any, within my identification file to me or the person or entity indicated below:

Please indicate the full name, address and contact information of the individual to be searched below (to be completed by the subject of the record). **All information required unless otherwise stated.**

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: ____/____/____

Mailing Address: _____
Street Address

City, State and Zip Code

Contact Phone: _____ Contact Email: _____

Signature of Subject of Record Search

Date

Please ensure mailing address is valid and accurate. **Due to the confidential nature of this response, mail cannot be forwarded.** If a change of address is needed a new DPS-006 Form will need to be submitted.

Respond to: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Please indicate reason for request (optional) _____

To obtain a duplicate response, the request must be within 90 days from the original date processed.

*The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A **\$23.50 certified check or money order** made payable to the Department of Public Safety must accompany each request.*