



## HOW TO CHALLENGE A NEVADA CRIMINAL HISTORY RECORD

Pursuant to NRS 179A.150 an individual who is the subject relating to records of Nevada Criminal History, is permitted the opportunity to challenge the information on their criminal record that he/she believes to be inaccurate or insufficient. To challenge your Nevada Criminal History, please follow the steps below.

### **Who can challenge the accuracy of a Nevada Criminal History Record?**

- Only the subject of the criminal history record can challenge the accuracy of their record.

### **How to challenge the ACCURACY of your Nevada Criminal History Record:**

- Complete Section 1 (Requestor) of the Request for Challenge form and the Statement of Inaccuracy. In your statement, please indicate in detail the arrest date, case number, arresting agency, charges, etc.
- Provide any supporting documentation regarding the inaccuracy, including but not limited to:
  - o Final Court Disposition
  - o Arrest report
  - o Prosecution Criminal Complaint
- Proof of identity via 1 fingerprint card with name, date of birth (DOB), place of birth (POB), sex, race, height, weight, hair color, eye color and signature. Fingerprints should be placed on a standard fingerprint card FD-258 and 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.
- Mail completed form, statement, supporting documentation, and fingerprint card to:

Nevada Department of Public Safety  
Records, Communications and Compliance

**Criminal Records Unit**

333 West Nye Lane, Suite 100

Carson City, Nevada 89706

Fax: (775) 687-3284

Once identity has been established by processing the submitted fingerprint card, DPS will forward the challenge request to the criminal justice agency in which the information was originally recorded. Please note, the Criminal History Repository cannot provide information from another state or the Federal Bureau of Investigation (FBI), nor can the Repository correct out of state criminal history.

Any questions or inquiries can be directed to the Criminal Records Unit at (775) 687-0196 or emailed to [CR4709@dps.state.nv.us](mailto:CR4709@dps.state.nv.us). To safeguard your rights and ensure confidentiality, please do not send any documents through email. Please allow up to 90 days for the completion of the challenge process.



**How to challenge your record as a result of a FINGERPRINT BASED EMPLOYMENT BACKGROUND CHECK:**

- If your employer has instructed you to challenge your criminal history record with the Nevada Department of Public Safety or you have been denied employment based on the results of a fingerprint based criminal history background check, you may challenge your record.
- The Requestor will need to complete Sections 1 and 2 (Employer and Requestor) of the Request for Challenge form and submit it to the Repository as listed above.
- Upon receipt of the challenge form, RCCD will verify a fingerprint based background check for employment purposes has been completed within the prescribed timeframe. If the challenge is received outside of the prescribed timeframe, a Personal Identification will need to be completed. Instructions for completing a Personal Identification can be found at this link: Personal Identification DPS-006
- Mail or fax completed form to:

Nevada Department of Public Safety  
Records, Communications and Compliance  
**Fingerprint Support Civil Unit**  
333 West Nye Lane, Suite 100  
Carson City, Nevada 89706  
Fax: (775) 687-3288



REQUEST FOR CHALLENGE
NEVADA CRIMINAL RECORD INFORMATION (DPS-008-X)

Challenging Accuracy of Record
If you are challenging the accuracy of your Nevada criminal history record, complete only the Requestor portion of this form below and include a written statement indicating the inaccuracy.

Employment Determination/Eligibility
If you have been notified by your employer that your fingerprint-based background check results have returned from the Criminal History Repository and you are challenging your record for employment purposes, complete both sections of the form below.

I, \_\_\_\_\_ (Requestor), request a copy of the criminal history record from the Records, Communications and Compliance Division of the Department of Public Safety to be sent to the requestor listed below.

Section 1: Requestor

Form fields for Section 1: Requestor including Full Name, Date of Birth, Mailing Address, City, State and Zip Code, and Contact Phone Number.

Section 2: Employer (This section is required for an Employment Determination Challenge.)

Form fields for Section 2: Employer including Agency Name, Agency Account Number, Address, and City, State and Zip Code.

By signing this form I attest that I am the subject of the requested record. I understand this form is intended to safeguard the rights of the signatory and ensure confidentiality of the requested information against non-authorized disclosure.

Requestor Signature and Date fields.

For use by DPS Records Staff Only section containing APCN#, Date Completed, Completed by, and Exp. Date fields.

