

FOR USE BY AUTHORIZED ACCOUNT HO	LDERS ONLY	Please indicate request type:	
To: Department of Public Safety	1 st Request		
Records, Communications and Compliance D			
333 West Nye Lane Ste 100			
Carson City Nevada 89706			
FAX: 775-687-3288			
*Account number:	*Agency Ado	*Agency Address:	
*^			
*Agency:			
*Agency Contact:			
	*Required Fields	change of address please complete the Change Form and submit	

Name	DOB	SSN	State	FBI	Both	APCN (If available)	Status (DPS to Fill Out)

^{***} FBI Responses will be requested at the time of the request. Please allow time for the FBI to respond to DPS, this may take up to 2 weeks. NOTE: State & FBI responses can no longer be regenerated after 90 days of the original response date***