



NCPA/VCA APPLICATION

Authorization and Use Of

The National Child Protection Act of 1993 (NCPA), Public Law 103-209, as amended by the Volunteers for Children Act (VCA), Public Law 105-251 (Section 221 and 222 of the Crime Identification Technology Act of 1998) and the Child Protection Improvements Act (CIPA), Public Law 115-141, authorizes governmental and certain non-governmental organizations to conduct a fingerprint based national criminal history record check to determine an individual's fitness to care for the safety and well-being of children, the elderly and people with disabilities. This Federal Act allows organizations, designated as an "authorized recipient", to make a fitness determination based on national criminal history record information provided by the Federal Bureau of Investigation (FBI) through the Nevada Department of Public Safety - Records, Communications and Compliance Division. There are specific criteria that qualified entities must adhere to in order to obtain FBI criminal history record information pursuant to the NCPA/VCA.

Documentation for access to Obtain Criminal History Record Information (CHRI)

- Application must be complete in full with the below required documents at the time the submission.
- 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.
- 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 for assistance. *Note: Excludes sole proprietorships that are using social security numbers.*
- Is your agency a 501(C) (3)? Yes No *If yes, attach a copy of your designation letter from the IRS.*

After application is submitted

Before an account is established and access is granted, the authorized recipient must designate a contact person to be trained by the Department of Public Safety (DPS) Nevada Criminal Justice Information System Compliance Unit (NCU).

A User Agreement will be generated from information provided in the attached application and presented to the user/receiving agency for signature. The User Agreement will be presented during the training conducted by NCU 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.

Please return application, completed in their entirety, to the applicable location:

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



Nevada Department of
Public Safety
Dedication Pride Service

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

**THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY
VOLUNTEERS FOR CHILDRENS ACT (NCPA/VCA) CIVIL APPLICATION**

This business is: Corporation
 Private Non-Profit Profit
 Gov't Sole Proprietorship

<i>Agency Name</i>	Federal Tax ID/Social Security Number

Please provide the names of all regulatory or auditing agencies:

Billing Information	
<i>Physical Address:</i> _____	
<i>City, State, Zip Code:</i> _____	
<i>Billing Address:</i> _____	
<i>City, State, Zip Code:</i> _____	

Contact Information	
<i>Primary Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>
<i>Secondary Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>
<i>Alternate Contact Name and Title (printed)</i>	<i>Telephone Number</i>
<i>Email Address</i>	<i>Fax Number</i>

Terms: 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. _____ *(Initial Here)*

*****There will be a \$25.00 fee assessed on ALL returned checks/e-checks.****

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.)

Physical Address: _____
City, State, Zip Code: _____

Mailing Address: _____
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:	Definition	Authority
<input type="checkbox"/> Employment	Paid Employee(s) and or contracted personnel	NCPA/VCA
<input type="checkbox"/> Volunteer	Non-paid	NCPA/VCA-Volunteer

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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Does your agency provide services to children under the age of 18?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your agency provide services to the elderly or disabled?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please check all appropriate areas below that apply to the service(s) provided by your entity to children, the elderly, and/or the disabled.			
	Less than 18 years of age "CHILD"	60 years of age or older "ELDERLY"	Persons with mental or physical impairment who require assistance to perform one or more daily living tasks "DISABLED"
Care or Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education, Training, or Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please briefly describe why your entity needs to be granted access, to conduct fingerprint background checks.			
Please describe the titles and roles of the current or prospective employees or volunteers for which you intend to seek background check information through this program.			
Who will have access to the criminal history record information?		<i>Name</i>	<i>Title</i>
What is their job title?		<i>Location</i>	<i>Phone</i>
Where are they located-(address)?		<i>Name</i>	<i>Title</i>
		<i>Location</i>	<i>Phone</i>
Will another entity handle the human resource functions for your entity? Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Entity Name</i>	
If yes who?		<i>Physical Address</i>	
What human resource functions will be handled for your entity?			



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Is this application being filled out on behalf of the applying entity by another agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following information	<hr/> <i>Name of Agency</i>		
	<hr/> <i>Person filling out application:</i>		<hr/> <i>Phone</i>
	<hr/> <i>Address</i>	<hr/> <i>City</i>	<hr/> <i>State Zip</i>
	<hr/> <i>Reason</i>		
<p>Certification: I hereby certify that the applying entity provides care or care placement services or licenses or certifies others to provide care or care placement services. The individuals that the entity will background through this program will consist only of current or prospective employees or volunteers who have, seeks to have, or may have access to children, the elderly, or individuals with disabilities. The entity agrees to not use this program to conduct background checks for individuals who do not meet these requirements.</p>			
<hr/> <i>Signature</i>		<hr/> <i>Printed Name</i>	<hr/> <i>Date</i>
<p><i>Should the entity have any questions about who is eligible to receive a background check under the NCPA/VCA, please contact the civil auditor team at civilauditor@dps.state.nv.us before submission of the background check.</i></p>			