



**To Obtain a Copy of Nevada
Criminal History Records
(DPS-006)**

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, DPS-006 (PID) on page 3. Please note, if for a couple, family, etc., all persons must obtain their own packet and complete the DPS-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.
3. Payment in the amount \$27.00 (US dollars), per applicant, is required. Payment can be made in the form of Money Order or Certified Check made out to the Nevada Department of Public Safety.
 - Money Orders and Certified Checks must be for the exact amount and signed where required.
 - No personal checks or cash will be accepted.
 - If for a couple, family, etc., please include \$27.00 (US dollars) for each applicant.

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

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

Company Name: _____
Attention: _____
Address: _____
City, State and Zip Code: _____

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

All information required unless otherwise stated.

Type or Print legibly – unreadable documents may 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.



**IDENTIFICATION FILE REQUEST FOR STATE OF NEVADA
RECORDS OF CRIMINAL HISTORY FORM (DPS-006)**

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 is REQUIRED unless otherwise stated.
Type or Print legibly. Incomplete and/or unreadable documents may be returned.

First Name: _____ Middle Name: _____

Last Name: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Contact Phone #: () _____

Contact Email: _____

Signature of Subject of Record Search

Date of Birth

Date Signed

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: _____

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 \$27.00 certified check or money order** made payable to the Department of Public Safety must accompany each request.