



Pursuant to Nevada Revised Statutes (NRS) Chapter 179A, an authorized participant of the service may inquire about the records of criminal history of an employee or prospective employee, volunteer or prospective volunteer to determine the suitability of the employee or prospective employee for employment or the suitability of the volunteer or prospective volunteer for volunteering. (b) "Eligible person" includes (1) An employer, (2) A volunteer organization, (3) An employment screening service.

Applications must be completed in full and submitted with all required documents. Incomplete applications will not be processed and will be returned to the applicant.

Requirements for authorized use of the Civil Name Check (CNC) Program include, but are not limited to:

- Application must be completed in full with the below required documents at the time of submission. **Incomplete applications will not be processed.**
- A copy of your current Nevada State Business License 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.
 - If your agency is a non-profit submit your Charter Certificate issued by the Nevada Secretary of State.
 - A State of Nevada Business License is REQUIRED when conducting business within the State of Nevada as outlined in NRS 76.
- 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.**
- If applicable a copy of Private Investigators License from the Private Investigators Licensing Board.

Billing address:

Nevada Department of Public Safety
Records, Communications and
Compliance Division ATTN: Fiscal
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone: (775) 684-6262
Fax: (775) 684-6265

CNC ACCESS AND INQUIRIES:

Nevada Department of Public Safety
Records, Communications and
Compliance Division ATTN: NCU
333 West Nye Lane Suite 100
Carson City, NV 89706
Telephone: (775) 684-6262
Fax: (775) 687-3290



Nevada Department of **CIVIL NAME CHECK (CNC) FINANCIAL ACCOUNT and Public Safety ACCESS APPLICATION**

Company Name: _____
Employer Volunteer Organization Employment Screening Service

DBA: _____

Physical Address: _____
City, State, Zip _____

Mailing Address: _____
City, State, Zip _____

Primary Telephone: _____ Primary Fax: _____

Billing Contact Name: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Federal Tax ID# _____ State of Nevada Business License # _____

Master Account Sub-Account Sub-Account Name: _____

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 the date of the statement. 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 5 business days.

I, the undersigned, have the authority to apply for an account on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Records, Communications and Compliance Division.

Signature Printed Name Date

For official use by RCCD Staff Only			
CNC Account Number:	_____	PEND 3	Date: _____
Assigned By:	_____	PEND 4	Date: _____
Date:	_____	Credit Limit:	_____
On-Site Completed By:	_____	Date:	_____
SCOPE Access Provided By:	_____	Date:	_____

CNC Program Access Application

Purpose of Background investigations: Employees Prospective Employees
 Volunteers Prospective Volunteers

If you are an Employment Screening Service, do you process background investigations for individuals applying for employment or volunteering in the state of Nevada? Yes No

Please provide a brief description of what services your company/ organization provides:

For Sub Accounts, please list the PROPERTY NAME and PHYSICAL LOCATION of each of your properties below: List any additional properties on a separate sheet

For Auditing purposes, please list all properties that will require CNC terminals: N/A
List any additional properties on a separate sheet

CNC Administrator Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

CNC Contact Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Technical Support Name and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Additional Personnel Authorized to access CNC:

<i>Name/Title</i>	<i>Phone #</i>	<i>E-mail Address</i>