

STATE OF NEVADA
DEPARTMENT OF PUBLIC SAFETY
RECORDS AND TECHNOLOGY DIVISION
333 W. Nye Lane Suite 100 Carson City, NV. 89706 (775)684-6262
<http://nvrepository.state.nv.us/>

ACCOUNT APPLICATION AND CHECKLIST

This checklist will outline what paperwork is necessary to obtain an account for a particular program. We have three programs available: Brady Gun Check, Civil Applicant Fingerprint Background Check, or Civil Name Check.

All applications must be completed in full with required documents included at the time of submission. Incomplete applications will be returned unprocessed. Only original applications are accepted.

NO FAXED COPIES WILL BE ACCEPTED.

CIVIL APPLICANT FINGERPRINT BACKGROUND CHECK ACCOUNT:

- Application completed in full.

- A copy of your current Nevada State business license issued by the Secretary of State. If you need to obtain a copy or apply for a Nevada State business license, please visit www.nvsos.gov. Click on the Business Center tab, choose State Business License and follow the instructions on the website.

- A copy of your Federal Tax ID letter issued by the IRS when you established your business. (Excludes Sole Proprietorships that are using Social Security Numbers.) If you did not retain a copy of this important document, you may call the IRS Customer Service Line at (800) 829-0115 for assistance.

If you have volunteers working with children 16 years and younger, you may be eligible for funds established by the trust account per NRS 179A.140. If you qualify for these trust funds you will need to provide:

- A copy of your 501(c)(3) issued by the **IRS** if applicable (*Provide this only if you have qualified volunteers working directly with children 16 years and younger.*)

BRADY GUN CHECK ACCOUNT:

- Application completed in full.

- A copy of your current Nevada State business license. (See instructions above for Civil Applicant Fingerprint Background Check Account.)

- Copy of your current FFL (Federal Firearms License).

CIVIL NAME CHECK ACCOUNT:

- Application completed in full.

- A copy of your current Nevada State business license. (See instructions above for Civil Applicant Fingerprint Background Check Account.)

- Must have a signed contract and completed security screening process.



FOR RECORDS USE ONLY	
ACCT NO. _____	
CAPP <input type="checkbox"/>	CNC <input type="checkbox"/>
PEND 3 _____	DATE _____
PEND 4 _____	DATE _____

Records and Technology Division
 333 W. Nye Lane Suite 100
 Carson City, NV 89706
 Telephone (775) 684-6262
www.nvrepository.state.nv.us

RECEIVED

Application for Civil Applicant

(Page 1 of 2)

Company/Organization Name

Federal Tax ID 501(C)(3) ? Yes No
 If yes, please attach a copy of your designation letter from the IRS.

E-Mail Address

Contact Information:	Primary	Secondary
Contact Person(s)	<input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 280px; height: 20px;" type="text"/>

	Business Physical Address:	Mailing Address: <input type="checkbox"/> Same as Physical
Street 1	<input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 280px; height: 20px;" type="text"/>
Street 2	<input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 280px; height: 20px;" type="text"/>
City	<input style="width: 280px; height: 20px;" type="text"/>	<input style="width: 280px; height: 20px;" type="text"/>
State Zip	<input style="width: 80px; height: 20px;" type="text"/> <input style="width: 160px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/> <input style="width: 160px; height: 20px;" type="text"/>

Phone Number(s)

Years in Business

Purpose of background investigations: Employees Volunteers Both
 Does your company/organization provide services to children under the age of 16?
 Yes No

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 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 & Technology Division.

Signature	Printed Name	Date



FOR F/P UNIT USE ONLY	
ACCT NO. _____	
CAPP <input type="checkbox"/>	CNC <input type="checkbox"/>
ENTERED _____	DATE _____

Application for Billing Account (Page 2 of 2)

Civil Applicant
Response Information

Company/Organization Name

Contact Information:	Primary	Secondary
Contact Person(s)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Response Mailing Address:

Street 1

Street 2

City

State Zip

Phone Number(s)

E-Mail Address:

Purpose of background investigations: Employees Volunteers Both

Applicable NRS(s)

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

List any State or Federal laws you are mandated to perform:

Note: You will be notified in writing when your account has been established.