



To Obtain a Copy of Nevada Criminal History Records

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), found on page 3. Please note, if for a couple, family, etc., all persons must each complete the DPS-006 form in its entirety. In addition, you must include the complete mailing address where the response is to be sent.
2. Obtaining proof of identity, which consists of 1 fingerprint card (only an original card will be accepted, please do not submit copies or previously processed cards), 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), commonly used for applicant or law enforcement purposes. 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.
3. Please include a \$23.50 (US dollars) in the form of a money order or certified check made out to the Department of Public Safety.
 - Please be sure to sign where required
 - No personal checks or cash will be accepted
 - Must be for the exact amount
 - If for a couple, family, etc., please include \$23.50 (US dollars) for each applicant.

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

Department of Public Safety
General Services Division
Attn: Fingerprint Support Unit
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

Please Note: *If any of the above items are missing or incomplete, the request will 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.



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IDENTIFICATION FILE REQUEST FOR
STATE OF NEVADA RECORDS OF CRIMINAL HISTORY FORM

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:

Today's Date: _

*MANDATORY FIELDS

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).

*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*

Please ensure mailing address is valid and accurate. **Due to confidential nature of this response, mail cannot be forwarded.** If a change of address is needed a new DPS006 Form will need to be submitted..

*Respond To: Applicant Insight

*Mailing Address: PO BOX 458
Street Address

New Port Richey, FL. 34656
City, State and Zip Code

Please indicate reason for request: Employment
(Optional)

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 \$23.50 **certified check or money order** made payable to the Department of Public Safety must accompany each request.