Nevada Department of Public Safety
DEDICATION PRIDE SERVICE

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

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 (P.O. Boxes are not accepted)

_____
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: Real Records

Mailing Address: 3172 N Rainbow Blvd #1323
Street Address (P.O. Boxes are not accepted)

Las Vegas, NV 89108
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.*