



General Services Division  
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## **BRADY ACCOUNT APPLICATION AND CHECKLIST**

**All applications must be completed in full with required documents included at the time of submission. Incomplete applications will be returned unprocessed. You may fax or email your completed application.**

- Application completed in full.
- A copy of your current FFL (Federal Firearms License)
- 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](http://www.nvsos.gov).

**BRADY FIREARM BACKGROUND ACCOUNT APPLICATION**  
(non-fingerprint based firearm background check)

FOR RECORDS USE ONLY			
ACCT NO.		PEND 3	Date:
Assigned By:		PEND 4	Date:
Date:	Credit limit:		

**Company Information:**

Company:	
Federal Firearm License #:	Federal Tax ID#:
Estimated number of firearms sales per month:	

**Contact Information:**

<u>Primary</u>			<u>Secondary (if applicable)</u>	
Contact Person:			Contact Person:	
Physical Address:			Telephone:	Fax:
City:	State:	Zip:	Contact email address:	
Mailing Address:				
City:	State:	Zip:		
Primary Telephone:				
Contact email address:				
Billing Contact Name:				
Telephone:	Fax:			
Billing contact email address:				
<p>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.</p> <p>I, the undersigned, have the authority and am the responsible party 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 Department of Public Safety, General Services Division.</p>				
Signature:		Printed Name:		Date:

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