



General Services Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 687-3289
www.gsd.nv.gov

REQUEST INSPECTION OF NEVADA CRIMINAL RECORD INFORMATION

Per NRS 179A.150, the Central Repository shall permit a person, who is or believes he or she may be the subject of information relating to records of Nevada criminal history to inspect any recorded information held by the Repository. This right of access does not extend to data contained in intelligence, investigative or other related files, and does not include any information other than information contained in a Nevada record of criminal history. This office cannot provide any record from the FBI or any other state other than Nevada.

This form must be presented to the Repository in person at the address indicated above. A valid government issued identification will be required at the time of request.

I, _____, request to inspect my Nevada Criminal History Record information from the General Services Division of the Department of Public Safety.

REQUESTOR:

Full Name: _____ Date of Birth: _____
Aliases: _____ Social Security #: _____
Address: _____
City: _____ State: _____ Zip: _____

By signing this form I attest that I am the authorized recipient of the requested Nevada record. I understand that this is an inspection only and at no time during this inspection can this record be removed from the premises, noted, photographed or photocopied. If a copy of a Nevada Criminal Record is needed, then a fingerprint submission must be completed along with the required DPS-006 form and appropriate fees.

Requestor's Signature: _____ **Date:** _____

FOR RECORDS USE ONLY	
ID #:	Exp. Date:
ID Type #:	ID Verified by:
Record provided by:	Date:
SID:	Supervised by: