



Records and Technology Division
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FOR RECORDS USE ONLY			
ACCT NO.		PEND 3	Date:
Assigned By:		PEND 4	Date:
Date:			

CIVIL APPLICANT FINANCIAL ACCOUNT APPLICATION
 (fingerprint based background check)

Company/Organization Name:	
DBA:	
This business a: (Check all that apply)	Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC/Partnership <input type="checkbox"/> Private Livescan Agency <input type="checkbox"/>
Please list any regulatory or auditing agency:	
Federal Tax ID/Social Security Number:	
Are you 501(C)(3) eligible? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of your designation letter from the IRS	

Billing Information:

<u>Primary</u>	<u>Secondary</u>
Contact Person:	Contact Person:
Nevada Physical Business Address:	Telephone:
	Fax:
Mailing Address:	Email:
City: State: Zip:	
Telephone:	
Fax:	
Email:	

