



Records and Technology Division
 333 West Nye Lane, Suite 100
 Carson City, Nevada 89706
 Telephone (775) 684-6262 – Fax (775) 684-6265

FOR RECORDS USE ONLY			
CNC ACCT NO.		PEND 3	Date:
Assigned By:		PEND 4	Date:
Date:	Credit limit:		
On-site completed by:	Date:		
Scope Access Provided by:	Date:		

CIVIL NAME CHECK (CNC) FINANCIAL ACCOUNT APPLICATION
 (name based check for employment for Nevada businesses only)

Company Name:		
DBA:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Main Telephone: ()		
Billing Contact Name:		
Telephone: ()	Fax: ()	
Email:		
Federal Tax ID #:		
Master Account <input type="checkbox"/> Sub- Account <input type="checkbox"/> Sub- Account Name:		
<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 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 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 Records & Technology Division.</p>		
Signature:	Printed Name:	Date:

CNC PROGRAM ACCESS APPLICATION

Purpose of Background investigations: Employees <input type="checkbox"/> Other: _____
Please provide a brief description of what services your company / organization provides:
<i>For auditing purposes list each of your properties below:</i>
Property Name & Address:
Property Name & Address:
Property Name & Address:
Property Name & Address:
<i>List any additional properties on a separate sheet</i>
<i>Estimated average number of inquires per month?</i>

CNC ADMINISTRATOR INFORMATION

NAME/TITLE	PHONE #	FAX	EMAIL

CNC CONTACT PERSONS INFORMATION

NAME/TITLE	PHONE #	FAX	EMAIL

TECHNICAL SUPPORT PERSON INFORMATION

NAME/TITLE	PHONE #	FAX	EMAIL

OTHER PERSONNEL WITH ACCESS TO CNC

NAME/TITLE	PHONE #	EMAIL

Billing address and inquires:
Department of Public Safety
Records & Technology Division
ATTN: Fiscal
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

CNC Access and inquiries:

Nevada Department of Public Safety
Records & Technology Division
ATTN: PD&C
333 West Nye Lane
Carson City, NV 89706
Tel (775) 684-6247 Fax (775) 684-6268

Nevada Department of Public Safety
Records & Technology Division
ATTN: PD&C
215 East Bonanza Road
Las Vegas, NV 89101
Tel (702) 486-2421 Fax (702) 486-6925



**Outside Agency
VPN Access Form
for System/Application**

Signatures		
VPN User Signature:		Date:
DPS Owner/Sponsor Signature:		Date:

Purpose for Access:

Outside Agency Information	
Agency Name:	
POC (Full Name):	
POC Title:	
POC E-mail:	
POC Tel/Ext No.:	
Tech Support Contact:	
Tech Support Tel/Ext No.:	
Tech Support E-mail:	

Internet Connection Information	
ISP Name:	
ISP Connection Type:	(Cable, DSL, etc...)
Firewall Type: (Hardware firewall required for NCIC Connection)	(Firewall Vendor and Model if applicable)
Static Public IP Address:	
IP Address Subnet Mask:	
IP Address Gateway:	
IP Address DNS:	

Computer Information	
Type of Computer:	(Laptop, Desktop, or Server)
Computer OS:	(Must be XP or Newer)
OS Update Date:	(Date OS last updated)
Computer Antivirus:	(Vendor/Product and Version)
Antivirus Auto Update:	(On/Off)
Antivirus Update Date:	(Date of Antivirus last update)
Personal Firewall Type:	(Software Firewall Vendor/Version)
Personal Firewall Status:	(Software Firewall On/Off)

DPS Notes and Information – To be completed by DPS – For DPS Helpdesk use only		
VPN User ID:		
VPN Type:	(LAN to LAN, Keyfob, etc...)	
Keyfob Serial No.:	(If applicable)	
User Creation:	Creation Date:	Expiry Date:
Notes:		