

Law Enforcement uses this form for the purpose of combining or splitting two appropriate records for the Criminal History Repository. Please scroll down to the form.

For a list of CCW (carrying concealed weapons) trainers, please click here:
<http://www.nvnaco.org/NACo/weaponstrain.htm>



Records and Identification Bureau

ATTN: Central Repository

808 West Nye Lane

Carson City, NV 89703

Telephone: (775) 687-1600

Fax: (775) 687-1845

Combine or Split Non-Fingerprint Request Form

Agency & Section Name: _____ E-mail Address: _____

Contact Person: _____ Contact Phone #: _____

**ATTACH A COPY OF SUBJECTS RECORD FOR COMBINING OR SPLITTING
SUBMIT ONE RECORD PER REQUEST FORM**

- This is a request to:
- Combine a record - (fill out combine section)
 - Split a record - (fill out split section)

Combine Section

Name of person: _____ DOB: _____ BIN: _____

Social Security #: _____ Type of record (Prot Order, DONNS, etc.) _____

Please combine the above

Name of Person: _____ DOB: _____ BIN _____

Social Security #: _____

**ATTACH A COPY OF SUBJECTS RECORD FOR COMBINING OR SPLITTING
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Split Section

Name of person: _____ DOB: _____ BIN: _____

Social Security #: _____ Type of record (Prot Order, DONNS, etc.) _____

Authorizing Signature: _____ Date: _____

Printed Name: _____

FOR REPOSITORY USE ONLY	
Complete Date: _____	By: _____