

STATE OF NEVADA  
DEPARTMENT OF PUBLIC SAFETY  
RECORDS AND TECHNOLOGY DIVISION  
333 W. Nye Lane Suite 100 Carson City, NV. 89706 (775)684-6262  
<http://nvrepository.state.nv.us/>

ACCOUNT APPLICATION AND CHECKLIST

This checklist will outline what paperwork is necessary to obtain an account for a particular program. We have three programs available: Brady Gun Check, Civil Applicant Fingerprint Background Check, or Civil Name Check.

All applications must be completed in full with required documents included at the time of submission. Incomplete applications will be returned unprocessed. Only original applications are accepted. **No faxed copies please.**

**BRADY GUN CHECK ACCOUNT:**

- Application completed in full.
- Copy of your current FFL (Federal Firearms License).

**CIVIL APPLICANT FINGERPRINT BACKGROUND CHECK ACCOUNT:**

- Application completed in full.
- Copy of your current business license.
- Copy of your 501(c)(3) issued by the **IRS** if applicable (Only if you wish to be reimbursed by the trust account).
  - Please note that this is required if you have volunteers working with children under the age of 16 and you wish to use the trust account per NRS 179A.140.
- Copy of your Federal Tax ID letter. (Excludes Sole Proprietorships that are using Social Security Numbers)

**CIVIL NAME CHECK ACCOUNT:**

- Application completed in full.
- Copy of your current business license.
- Must complete contract process.



FOR RECORDS USE ONLY	
ACCT NO.	_____
PEND 3	_____ DATE _____
PEND 4	_____ DATE _____

Records and Technology Division  
 333 W. Nye Lane Suite 100  
 Carson City, NV 89706  
 Telephone (775) 684-6262  
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### Application for Brady Background Check Account

Completed form must be submitted with a copy of your Federal Firearms License to the address above.

Company Name	_____		
Federal Firearms License #	_____	Tax ID #	_____
E-Mail Address	_____		

Contact Information:	Primary	Secondary
Contact Person(s)	_____	_____
	<b>Business Physical Address:</b>	<b>Mailing Address:</b> <input type="checkbox"/> Same as Physical
Street 1	_____	_____
Street 2	_____	_____
City	_____	_____
State Zip	_____	_____
Phone Number(s)	_____	_____
Number of firearm sales per month	_____	
Years in Business	_____	

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.

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.

_____	_____	_____
Signature	Printed Name	Date