

# CERTIFIED FIREARM INSTRUCTOR APPLICATION CHECKLIST

Payments may be made in the form of a cashier's check, money order or company check. Payments made by credit or debit card must be made in office and cannot be accepted over the phone.

**\$100.00** certification fee *non-refundable* (made payable to NV PILB)

**\$20.00** application processing fee *non-refundable* (made payable to NV PILB)

**Note:** Checks or money orders made payable to NV PILB may be combined into one check.

**\$39.00** fingerprint processing fee per person *non-refundable* (made payable to NV DPS)

**Note:** DPS payment can **ONLY** be made in the form of a Money Order or Cashier's check.

One FBI approved fingerprint card (FD-258)

**Please Note:** The date on the Fingerprint card **CANNOT** be older than 60 days of the date received

Complete CFI application (**10 pages total**)

Copy of Birth certificate or valid U.S. passport

Copy of valid Driver's License or State I.D. card

Proof of employment eligibility if born outside of the U.S. (U.S. Passport, permanent resident card, certificate of born abroad, certificate of naturalization, employment eligibility card, etc.)

One 2x2 inch color "passport style" photo (Must be taken with a white background)

A copy of DD 214 form for any military service

Civil applicant waiver

Certificates of Support of Expensive and Qualifications (for each qualifying employment)

## **\*Minimum qualifications\***

Applicant must be 21 years of age.

Evidence of your successful completion of at least 40 hours of training on the instruction of peace officers, security officers or military personnel in carrying, handling and using firearms safely.

Evidence of your certification as an instructor for peace officers, security officers or military personnel for each type of firearm for which you wish to provide such instruction.

**NOTE:** Additionally, you will be required to successfully pass a written examination and qualify with the course of live fire established by the board pursuant NAC 648.346. The minimum passing score is 275 out of 300 on a full-size B27-type target. You will also be required to demonstrate knowledge of the minimum curriculum outlined in NAC 648.346 by successfully teaching any section of the course with not more than 15 minutes notice from an instructor designated by the board. Ref: NAC 648.345 Paragraph 2, NRS 648.110 (Firearms Instructor).



# State of Nevada Private Investigators Licensing Board

3110 S. Durango Drive, Suite 203  
Las Vegas, Nevada 89117  
Telephone: (702) 486-5129  
Fax: (702) 486-3009  
E-mail: zswarthatout@pilb.nv.gov  
<https://pilb.nv.gov>

## CERTIFIED FIREARM INSTRUCTOR APPLICATION

This application will be used by the Private Investigators Licensing Board to consider you for certification as a Firearm Instructor in Nevada. Please read each question carefully before answering. Answer all questions truthfully, as any deliberate omissions, errors, or fraudulent answers will be sufficient grounds for the rejection of your application.

Please ensure all answers are complete and true to the best of your knowledge.

**\* If a question is not applicable to you please write N/A\***

<b>1. Applicant Information</b>			
First Name:	Middle:	Last:	Suffix:
Date of Birth: <small>(MM/DD/YYYY)</small>	Social Security Number:		Sex: <b>M</b> <b>F</b>
Hair Color:	Eye Color:	Height:	Weight:
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Driver's License/State ID #:		Issuing State:	Expiration Date:
Passport Number:		Issuing Country:	Expiration Date:
<b>Contact Information</b>			
Mailing Address:			Apt/Unit#:
City/State/Zip:		Physical same as Mailing Address: <b>Yes</b> <b>No</b>	
Physical Address:			
Home #:		Cell #:	
<b>Email Address:</b> <i>Correspondence will be sent to this email address.</i>			

**List any Alias/Maiden Names (Other than your current name)**

First Name	Middle Name	Last Name
1.		
2.		
3.		
4.		
5.		

**Citizenship Information**

<input type="checkbox"/>	I am a natural born US citizen	City/State of Birth:		
<input type="checkbox"/>	I am not a natural born US citizen <i>You must provide a copy of your permanent resident card or employment authorization card</i>	Country of Birth:	Alien Card #:	Expiration Date:
<input type="checkbox"/>	I am a naturalized citizen <i>You must provide your naturalization number</i>	Naturalization #:		Country of Birth:

**Military Service**

<p>Have you served in the military?</p> <p><i>If yes, when? From: _____ To: _____</i></p> <p><i>Branch: _____ Rank: _____</i></p> <p><i>Type of Discharge.</i></p> <p>Honorable      General      Bad Conduct      Dishonorable</p> <p>Medical      Other: _____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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**Law Enforcement**

<p>Do you serve in a reserve or volunteer law enforcement program?</p> <p><b><i>IF YES, PLEASE CONTACT OUR OFFICE [702-486-5129] <u>BEFORE CONTINUING.</u></i></b></p>	<p><b>YES</b></p> <p><b>NO</b></p>
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Please list and describe the location and facilities where you will provide the firearms instruction:

*Name of Location:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name of Location:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name of Location:* \_\_\_\_\_

*Address:* \_\_\_\_\_

**Evidence of Qualifications and Experience (Minimum Requirements)**

You must submit documentary evidence of your qualifications and experience that meets the minimum qualifications as outlined below:

- a) A copy of your certificate for the successful completion of at least 40 hours of training on the instruction of peace officers, security officers or military personnel in carrying, handling and using firearms safely;
- b) A copy of your certification as an instructor for peace officers, security officers or military personnel for each type of firearm you wish to provide instruction.

**\* COPIES OF APPLICABLE CERTIFICATES AND DOCUMENTATION MUST BE ATTACHED.**

**2. Employment and Qualifying Experience (It is important to list all jobs with qualifying experience.)  
IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.**

List all jobs starting with the most recent. Please ensure *Percentage of Time* equals 100%.

**1.** From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

HR Contact / Manager Name: \_\_\_\_\_ Company Contact Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
<b>Total must equal 100%</b>	

**2.** From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

HR Contact / Manager Name: \_\_\_\_\_ Company Contact Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
<b>Total must equal 100%</b>	

3. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

HR Contact / Manager Name: \_\_\_\_\_ Company Contact Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
<b>Total must equal 100%</b>	

4. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_

HR Contact / Manager Name: \_\_\_\_\_ Company Contact Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
Duty:	Percentage of Time:
<b>Total must equal 100%</b>	

Please provide a detailed statement of your qualifications and experience in carrying, handling and using firearms.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a detailed statement of your qualifications and experience in providing instruction to other persons in carrying, handling and using firearms safely, including, without limitation, your experience in providing instruction to peace officers, security officers or military personnel in carrying, handling and using firearms safely.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Child Support

You MUST check one of the boxes (If you DO NOT have children check #1)

#1 <input type="checkbox"/>	I am not subject to a court order for the payment for the support of a child in any state.
#2 <input type="checkbox"/>	I am subject to a court order for the payment for the support of one or more children in Nevada or any state and <b>I am in compliance with the order</b> or <b>am in compliance with a plan approved</b> by the District Attorney or other public or private agency enforcing the order for the repayment of the amount owed pursuant to the order.
#3 <input type="checkbox"/>	I am subject to a court order for the payment for the support of one or more children and <b>I am NOT in compliance with the order</b> or <b>DO NOT have a plan approved</b> by the District Attorney or other public or private agency enforcing the order for the repayment of the amount owed pursuant to the order.

### 3. Arrest History

Please answer of the following questions and provide an explanation as needed.

**IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.**

**Please note:** Pursuant to NAC 648.339 The Board **may deny** an application if the applicant has been convicted of a felony or a crime involving moral turpitude or the illegal use or possession of a dangerous weapon.

1. Have you <u>ever</u> been convicted of a <b>felony charge</b> ?	<b>YES</b> <b>NO</b>
2. Have you <u>ever</u> been convicted of a crime involving the illegal use or possession of a <b>dangerous weapon</b> ?	<b>YES</b> <b>NO</b>
3. Have you ever been arrested, had any criminal citations, indictments and/or orders to appear in court? <b>Please list ALL arrests, citations and orders to appear in court</b> <b>Failure to list ALL events may result in the denial of your application</b> <ul style="list-style-type: none"><li>List <b>All</b> charges and/or citations whether placed in handcuffs or not</li><li>List <b>All</b> charges regardless of being expunged, dismissed or denied</li><li>List <b>All</b> charges regardless of being dismissed under California PC 1203.4</li><li>List <b>All</b> charges regardless of how long ago the incident occurred</li><li>List <b>All</b> charges regardless of what State it occurred in</li><li><b>Do not</b> list parking tickets or minor moving violations</li></ul>	<b>YES</b> <b>NO</b>

*If yes, list all arrests, indictments, or orders to appear in court for any felony charge(s), or any illegal use or possession of a weapon/CCW related arrests, criminal citations, indictments, and orders to appear in court. **Regardless of the final disposition (outcome).***

1. Date: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
Charge(s): \_\_\_\_\_  
Explanation of Disposition (outcome): \_\_\_\_\_

2. Date: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
Charge(s): \_\_\_\_\_  
Explanation of Disposition (outcome): \_\_\_\_\_

3. Date: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
 Charge(s): \_\_\_\_\_  
 Explanation of Disposition (outcome): \_\_\_\_\_

4. Date: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
 Charge(s): \_\_\_\_\_  
 Explanation of Disposition (outcome): \_\_\_\_\_

5. Date: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
 Charge(s): \_\_\_\_\_  
 Explanation of Disposition (outcome): \_\_\_\_\_

<p>1. Are you currently on probation?</p> <p><input type="checkbox"/> Supervised    <input type="checkbox"/> Unsupervised</p> <p>Date Started Probation: _____ Date Probation Expires: _____</p> <p>Reason for probation: _____</p> <p>City and State: _____ Next Scheduled Court Date: _____</p> <p>Probation Officer's name: _____ Officer's Contact #: _____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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<p>2. Do you have an active protection/restraining order issued against you?</p> <p>Date Order Started: _____ Date Order Expires: _____</p> <p>Reason for Order: _____</p> <p>City and State: _____ Next Scheduled Court Date: _____</p> <p>Relationship to person(s) Who Filed Order: _____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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<p>3. Are you a convicted sex offender?</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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<p>4. If you are a convicted sex offender, are you in compliance regarding the registration requirements under Nevada law?</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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**4. Personal Declarations**

<p>1. Have you ever held any occupational license issued by any federal, state or local governmental authority?</p> <p><i>If yes, when?</i></p> <p>From: _____ To: _____ License Number: _____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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<p>2. Has such license ever been revoked or suspended?</p> <p><i>If yes, please explain:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
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<p><b>3.</b> List all of the States where you or your company, business, corporation or partnerships are currently licensed.</p> <p><i>Company Name:</i> _____ <i>State:</i> _____ <i>Good Standing:</i>     <b>Y</b>     <b>N</b>  <i>Company Name:</i> _____ <i>State:</i> _____ <i>Good Standing:</i>     <b>Y</b>     <b>N</b>  <i>Company Name:</i> _____ <i>State:</i> _____ <i>Good Standing:</i>     <b>Y</b>     <b>N</b></p>	
<p><b>4.</b> Have you or any company you were ever associated with ever been investigated or disciplined by this Board or any Board in another state?  <i>If yes, please explain for whom, when, where, and why:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
<p><b>5.</b> Do you or your company (business), corporation or partnership currently have any offices in the State of Nevada?  <i>If yes, list all offices below.</i></p> <p><i>Address:</i> _____ <i>Phone #:</i> _____  <i>Address:</i> _____ <i>Phone #:</i> _____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
<p><b>6.</b> Have you ever committed or been accused (regardless of the outcome) of any act constituting dishonesty or fraud?  <i>If yes, explain the circumstances and how it was resolved:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
<p><b>7.</b> Have you ever demonstrated or been accused (regardless of the outcome) of any act constituting untruthfulness or a lack of integrity?  <i>If yes, explain the circumstances and how it was resolved:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
<p><b>8.</b> Have you made any false or misleading statement(s) in this application?  <i>If yes, please explain:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>
<p><b>9.</b> An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person which might reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States?  <i>If yes, please explain:</i></p> <p>_____</p> <p>_____</p>	<p><b>YES</b></p> <p><b>NO</b></p>

I, \_\_\_\_\_, have read the foregoing document and have answered all  
*(Print full name)*  
 questions fully and honestly. I am aware that willfully withholding information or making false statements on this application may be the basis for the immediate rejection of this application and denial for certification. The answers provided are true and complete to the best of my knowledge.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date



# Applicant's Authorization to Release Information

To: The State of Nevada Private Investigators Licensing Board

From: \_\_\_\_\_  
(Print full name)

\_\_\_\_\_ (date)

1. I hereby authorize and request all persons to whom this request is presented having information relating to me, to furnish such information to any duly appointed agent of the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD**, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to me, to permit any duly appointed agent of the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of same, I hereby authorize and request that any duly appointed agent of the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including checking account records, savings deposit records, safe deposit box records, passbook records and general ledger folio sheets.
4. I do hereby make, constitute and appoint any duly appointed agent of the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for my use and benefit:
  - a) To request, review, copy, sign for or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this report is presented as I might;
  - b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
  - c) To place the name of the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** agent presenting this request in the appropriate location on this report.
5. I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute(s), shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends eighteen months from the date of execution.
7. I have filed with the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** an "application" as that term is used in NRS 648.070, 648.080 and NRS 648.120, and in the regulations of the board. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents, and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
10. I authorize the **NEVADA PRIVATE INVESTIGATORS LICENSING BOARD** to submit a complete set of fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report and California Department of Justice.
11. A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

Signature \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

Notary stamp here



Nevada Department of  
**Public Safety**  
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Private Investigators Licensing Board (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:	
_____	_____
<i>Initial</i>	<i>Date</i>

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize **Private Investigators Licensing Board** (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
 PLEASE PRINT Last Name First Name Middle

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Account #: \_\_\_\_\_

Agency Representative: **Saladino** **Vincent** \_\_\_\_\_  
 PLEASE PRINT Last Name First Name Middle

Agency Representative Signature:  \_\_\_\_\_

Date: \_\_\_\_\_