



Lyon County Business License Division  
27 S. Main Street  
Yerington, NV 89447  
(775) 463-6501 | [Businesslic@lyon-county.org](mailto:Businesslic@lyon-county.org)

Staci Lindberg  
Clerk/Treasurer

## LYON COUNTY BUSINESS LICENSE CHECK LIST

The following information is required to complete your Lyon County Business License application:

- **BEFORE APPLYING:** Per Lyon County Code 5.01.02, Nonprofit Service Organizations are exempt from obtaining a Lyon County Business License. We also kindly ask that you please contact the Lyon County Planning Department to make sure that your business is allowed in your particular zone at (775) 463-6592.
- **State Of Nevada Business License:** All businesses wishing to operate in Lyon County must provide a copy of the state business license, confirmation letter or compliance letter with your application. Please visit the Secretary of State's website at [www.nvsos.gov](http://www.nvsos.gov) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov), or call (775) 684-5708.
- **State of Nevada Occupational Licensing:** Certain occupations operating in the State of Nevada are required to obtain a Trade License (i.e. Contractors, Cosmetologists, Real Estate Brokers, Finance Companies, Marijuana Dispensaries, etc.) This licensing must be obtained prior to applying for your Lyon County Business License and a copy must be attached to your application.
- **State Sales/Use Tax Permit:** All applicants must provide a copy of a Nevada Sales or Use Tax Permit, a copy of the compliance letter or exemption letter. You can contact the Nevada Department of Taxation at their website at [www.tax.state.nv.us](http://www.tax.state.nv.us) or apply online at [www.nvsilverflume.gov](http://www.nvsilverflume.gov) or by phone at (866) 962-3707, opt 8.
- **Fictitious Firm Name form:** This is a required form for every person, corporation, LLC or entity doing business as any other name other than the owner name listed on your State Business License. Please complete showing owners listed on your State of Nevada documentation and with the original, notarized signature(s) that apply in your case. **A separate check for the \$25.00 filing fee must be included.**
- **State Industrial Insurance form:** This is a required form that must be properly completed and with an original signature of an owner/corporate officer/LLC member.
- **Inspections:** All businesses within Lyon County may require inspections from the Building Dept, Fire Dept, Utility Dept, zoning verification and approval from the Lyon County Planning Department. **It is the applicant's responsibility to contact and schedule the inspections with the planning department** by calling 775-463-6592 or emailing [sjuntunen@lyon-county.org](mailto:sjuntunen@lyon-county.org). Any business licenses involving food will not be able to schedule inspections until a State Health Department sign off has been obtained. **ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE YOUR APPLICATION CAN BE PROCESSED.**
- **Child Support Form(s):** This is a required form which must be properly completed and signed by all members/owners listed on your State of Nevada documentation.
- **Emergency Responder Form:** This is a required form which must be properly completed and signed for all commercial/industrial locations in Lyon County. Home Based Businesses are not required to fill this out.
- **Application Fee:** **A \$37.50 nonrefundable application fee shall accompany initial application.** Proper business license fees will be calculated and required at time of issuance of license once approved. Please contact our office for final amount.
- **Other Important Information:** Business Licenses are valid for a single business and is non-transferable. Billing statements (renewal notices) are mailed out in June of each fiscal year. This is the only bill you will receive. All regular business license fees are due July 1st, with a 15 day grace period before a penalty of 15% will be applied. Per Lyon County Code 5.01.04 Item B, Failure to receive notice from the department is not a defense or excuse for non-payment of the license fee. If you do not wish to renew your business license in Lyon County, you must furnish us a written statement prior to expiration date, in order for us to close the account. Failure to adhere to the above or filled out forms that are unreadable will result in document package being returned to you to be corrected and resubmitted.



Please return application to:  
 Lyon County Business License Division  
 27 S. Main Street  
 Yerington, NV 89447  
 (775)463-6501 | Businesslic@lyon-county.org

# LYON COUNTY BUSINESS LICENSE APPLICATION

Owner/Entity Name \_\_\_\_\_

FFN/DBA Name \_\_\_\_\_

Corporate/Entity Address \_\_\_\_\_

Location of Lyon County operation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Date on which business will open \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Assessor's parcel \_\_\_\_\_ Total # of Employees including Owners & Officers \_\_\_\_\_

State Business License # \_\_\_\_\_ State Sales/Use Permit # \_\_\_\_\_

MFG Housing S & I Cert # \_\_\_\_\_ NV State Contractors Lic # \_\_\_\_\_

Classification \_\_\_\_\_ Limit \_\_\_\_\_ NAICS Code \_\_\_\_\_

List all owners, partners, corporate officers, managers, members, etc. Attach additional sheets if necessary.

Last, First, MI \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Last, First, MI \_\_\_\_\_ Title \_\_\_\_\_

Residence Address \_\_\_\_\_

Silver Springs Mutual Water Co.      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

State of Nevada Health Department      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

Fire Department      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

Utilities Department      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

Planning Department      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

Building Department      Approved ( ) Denied ( )      \_\_\_\_\_  
Signature of Inspector

Zoning \_\_\_\_\_ Approved ( ) Denied ( ) \_\_\_\_\_  
 And 2003 IBC Building Occupancy Classification      Signature of Inspector

Describe in detail the nature of your business in Lyon County, including product sold, labor performed and/or services rendered:

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**We ask that you visit our website and read the following codes carefully as it contains important account Renewal, Suspension and Revocation information;**

**Lyon County Code 5.01.11: LICENSE RENEWAL; WHEN NEW APPLICATIONS REQUIRED**

- [https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty\\_nv/0-0-0-1970](https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1970)

**Lyon County Code 5.01.12: SUSPENSION AND REVOCATION OF STANDARD BUSINESS LICENSE; GROUNDS; PROCEDURE**

- [https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty\\_nv/0-0-0-1974](https://codelibrary.amlegal.com/codes/lyoncountynv/latest/lyoncounty_nv/0-0-0-1974)

**I CERTIFY AND DECLARE THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AS WELL AS ACKNOWLEDGE THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**\*\*Signatures must be that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor/owner, corporate officer and managing member and must match names listed on State of Nevada Documentation.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signatory





Form instruction and general information:

1. The top section will be completed with information about the business and ownership.
2. The middle section consists of three boxes. Only one box must be checked. Check the first box, if the business has obtained workers' compensation insurance. Please provide the insurance policy effective date and policy number where indicated. Check the second box, if the business meets one of the statutory exemptions or the business has no employees nor hires any contractors/sub-contractors. Check the third box, if the business is self-insured with a valid certificate of insurance. Please provide the self-insured policy effective date and certificate number where indicated.
3. The next to bottom section please check the appropriate box indicating the license application type. Provide applicant information as indicated.
4. The bottom section contains two signature lines. Only one applicant signature and date will be provided. If the form is executed in Nevada, applicant will sign and date the first line. If the form is executed outside of Nevada, applicant will sign and date the second line.

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

**IMPORTANT NOTICE:** Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

## LYON COUNTY PROVISIONS REGULATING HOME OCCUPATION

The Home Occupation Provision is included in recognition of the needs of many people who are engaged in small business ventures which could not be sustained if it were necessary to lease commercial quarters, or which in the nature of the home occupation could not be expanded to full scale enterprise. It is the intent, however, of the ordinance that full scale commercial or professional operations which would ordinarily be conducted in a commercial or industrial district continue to be conducted in such districts and not in residential districts.

In granting a business license, it is necessary to verify that the subject property will be used in conformance with the county's zoning ordinance. Please read the following information and complete the form as indicated. If you have any questions or require further information please contact the Lyon County Business License Division at (775)463-6501 or email [businesslic@lyon-county.org](mailto:businesslic@lyon-county.org). For planning or zoning questions contact Kerry Page at (775)463-6592 or email [kpage@lyon-county.org](mailto:kpage@lyon-county.org).

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### **15.335.03 W. HOME OCCUPATION, GENERAL**

The following list identifies those occupations which may be conducted from a residence in any district. The purpose of the list is to function both as a guide and also to illustrate the spirit and intent of what is a legitimate home occupation. Essentially, the home occupation is conceived of as being reasonably permitted in a residential setting because it does not compromise the residential character of the area. A reasonable home occupation would not generate conspicuous traffic, would not visually call unusual attention to the home nor would it ever generate nonresidential level noise.

#### Examples of a Home Occupation Business

• Accounting, Bookkeeping	• Appraisal	• Architecture
• Computer Repair/Programming	• Legal Services	• Real Estate Sales
• Insurance Sales	• Daycare with Six (6) Children or Less	• Drafting Services
• Dressmaking, Alterations, Tailoring	• Engineering and Surveying	• Financial Planning and Investment Services
• Fine Arts or Artisan's Studio(creation of individual works only, no mass production)	• Interior Decoration (no studio permitted)	• Mail Order Business 1'(order taking only, no stock in trade)
• Musical Instruction, Voice or Instrument	• Pet Grooming (Enclosed)	• Photo Laboratory (no studio work)
• Planning	• Tutoring	• One Chair Beauty or Barber Shop
• Office Work	• Cottage food operations, conformant all requirement within NRS 446-866	• Similar, Low Impact Endeavors

1. The use must be conducted entirely within the interior of the residence, must be clearly incidental and secondary to residential occupancy, and may not change the residential character of the dwelling.
2. The use of the dwelling for a Home Occupation may not exceed up to 25% of one floor of the principal building.
3. Residents of the dwelling must be engaged in the home occupation with no more than one (1) nonresident assistant employed.
4. No activity can take place as a home occupation which involves any outdoor storage.
5. All parking needs brought about by the operation of the home occupation must be met through off street parking (including any customer parking). Driveways may be used to meet this requirement, however the driveway used to provide off-street parking shall be provided on the parcel being used for the home occupation use to the satisfaction of the director.
6. All uses allowed under home occupations must maintain a valid County business license and any state and/or federal licenses (if necessary).

### 15.335.03 X. Home Based Business

The following lists those occupations, which may be conducted as a home based business (HBB). The home based business differs from the home occupation in that it is not required to be conducted within the residence proper, but may be conducted in another building accessory to the residence. Slightly more intense uses may occur within the HBB since it is sited within less densely settled areas.

• Limited Equine Boarding	• Auto and Farm Equipment Repair Work	• Building Contractor's Storage Yard Including Electrical, Plumbing, & Mechanical
• Landscape Contractor	• Farm-To-Fork Events (subject to compliance with NRS 466 and inspections/license from State Health Department)	• Fine Arts or Artisan's Studio (not using equipment larger than hand tools) Pottery Work, Jewelry Making, Metalwork, Leatherwork, or similar Fine Art Manufacture
• Woodworking	• Gunsmith	• Sign Painting
• Homemade Clothing	• Lapidary	• Painting
• Sculpture	• Similar, Low Impact Endeavors	

1. The Home Based Business may be carried out in no more than one (1) building separate from the primary residence. Storage of materials used with the Home Based Business in a second accessory shed is permissible.
2. All outside storage areas including dumpsters must be:
  - a. sited to the rear of the building,
  - b. in compliance with the setbacks required of the building's underlying zone, and,
  - c. designed such that they are concealed from all adjacent properties and public rights-of-way through installation of either fencing and/or vegetative screening.
3. All outdoor stored or used equipment and materials must be fully screened either by fencing or landscaping from any abutting residential use or public rights of way.
4. The accessory building in which the HBB is conducted may not exceed the square footage of the footprint of the residence but in no event exceed the allowances contained in 15.335.03 A
5. Nonresident employees may work in the HBB as follows:
  - a. Up to 1,000 square feet of floor space - One (1) nonresident employee
  - b. 1,000 and over square feet of floor space - Two (2) nonresident employees
6. Hours of any HBB associated outdoor noise shall be limited to times from dawn to dusk in any residential area.
7. Parcel must meet the standard minimum size requirements for the district in which it is located
8. Home Based Businesses which allow clients or customers to visit the business may be subject to Accessibility Standards. Applicants should contact the Building Department for requirements prior to applying for the Home Based Business Permit.
9. All parking needs for employees of a HBB and any clients or customers that may come to the HBB must be met through off-street parking.
10. All uses allowed under Home Based Business must maintain a valid business license and any state and/or federal licenses (if necessary).

This signed statement will become part of your business license record with Lyon County.

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Please answer a few questions pertaining to the nature and activity of your  
Home Occupation Business or Home Based Business

I am applying for a Home Occupation Business \_\_\_\_\_ Home Based Business \_\_\_\_\_

Percentage of house involved % \_\_\_\_\_ Foot traffic? Yes \_\_\_\_\_ No \_\_\_\_\_ # of Employees \_\_\_\_\_

How do you advertise \_\_\_\_\_ Signage? Yes \_\_\_\_\_ No \_\_\_\_\_ Where will it be? \_\_\_\_\_

What type of marketing and/or distributing is involved? \_\_\_\_\_

Is any type of machinery used? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what type? \_\_\_\_\_

Do you store material on site? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of material stored on site? \_\_\_\_\_

Quantity of product made \_\_\_\_\_

Additional building separate from primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_ Description of additional building: \_\_\_\_\_

Are chemicals used or stored on site? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type and how stored \_\_\_\_\_

Are materials stored outside and/or in view of neighbors? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is stored and where \_\_\_\_\_

Write a detailed description of process: \_\_\_\_\_

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I, \_\_\_\_\_ will be conducting business as \_\_\_\_\_

at my home address located at \_\_\_\_\_ I have read the above information and if granted a Home Occupation Business license or Home Based Business license, I agree to comply with these regulations as set forth above.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**LYON COUNTY SHERIFF'S DEPARTMENT- 911 COMMUNICATIONS DIVISION**  
**RESPONSIBLE PARTY REPORT**  
 (775) 463-6620

INSTRUCTIONS: This report will assist the 911 Communications Center with making appropriate contacts in the event that your business or building is involved in a criminal-event or other emergency incident. Please take a few moments to fill out this form and return it to:  
**Lyon County Sheriff's Department- 911 Communications Division**

BUSINESS NAME:			
PHYSICAL ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP
MAILING ADDRESS (NUMBER AND STREET) <input type="checkbox"/> SAME AS ABOVE	CITY	STATE	ZIP
BUSINESS NUMBER	BUSINESS NUMBER	BUSINESS FAX	

**RESPONSIBLE PARTY INFORMATION**

*Please list the names and telephone numbers of personnel that we can contact in the event there is criminal activity or other emergency at your business*

NAME	HOME TELEPHONE	CELL PHONE	OTHER PHONE

**PAY TELEPHONE INFORMATION**

*Please indicate if your business has public pay telephones, if so please provide us with the telephone number and location of each phone. This information helps us determine where to send help in the event that 911 is called from a pay phone*  
 our business has no pay phones

NUMBER	LOCATION

*Do you have any other information about your business that we would need to know to ensure your safety as well as the safety of responding emergency services personnel?*



## Locksmith Work Card Application

NAME \_\_\_\_\_

ALIAS/MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DRIVERS LIC NO. \_\_\_\_\_ STATE \_\_\_\_\_ SOC SEC NO. \_\_\_\_\_

DOB \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

POB \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

ALEIN REG. NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ EXPLAIN BELOW NO \_\_\_\_\_

DATE	CHARGE	CITY	STATE	DISPOSITION
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FAILURE TO LIST ALL ARRESTS, REGARDLESS OF CONVICTION OR DISMISSAL, MAY RESULT IN THE REVOCATION/DENIAL OF YOUR WORK PERMIT PER NRS: 655.070

APPLICANTS SIGNATURE \_\_\_\_\_

APPLICANTS PRINTED NAME \_\_\_\_\_

INTERVIEWERS SIGNATURE \_\_\_\_\_

INTERVIEWERS PRINTED NAME AND TITLE \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Expiration Date \_\_\_\_\_



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## CHILD SUPPORT INFORMATION

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

Name (Please print): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mark ONE of the three appropriate statements with an "X". Your work permit will not be processed if you do not answer one of the following:

\_\_\_\_\_ I am not subject to a court order for child support.

\_\_\_\_\_ I am in compliance with a court order of repayment plan for child support. ("In compliance" means you have paid the entire amount ordered every month.)

\_\_\_\_\_ I am not in compliance with a court order or repayment plan for child support. This means you have been court ordered to pay child support and you have not been making payments.

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

The court order or repayment plan must be approved by the District Attorney's Office or other public agency enforcing the order.





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## BACKGROUND INVESTIGATION WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for a

\_\_\_\_\_, I \_\_\_\_\_

do hereby irrevocably agree to the following:

### WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the County of Lyon, the Lyon County Sheriff's Office, its officers, agents or employees and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation.

### RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by Lyon County, the Lyon County Sheriff's Office, its officers, agents or employees, during the course of my background investigation, to furnish to said persons or entities any and all information that they may have, including any confidential or privileged information, pertinent to a background investigation of my personal and business life for the purpose of obtaining the aforementioned license.

### INVESTIGATION DISCOVERY WAIVER

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever that may occur to myself, my heirs or my personal representative(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



## Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by \_\_\_\_\_  
(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. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of you FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.** If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. 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.

5. I hereby authorize \_\_\_\_\_ (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.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. 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

ADDRESS:  
**PLEASE PRINT** \_\_\_\_\_  
\_\_\_\_\_

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

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

Submitting Agency: \_\_\_\_\_

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

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

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

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