

# BACKGROUND CHECK FORMS AND INSTRUCTIONS

Before you begin, you must be **two years post-arrest/conviction/probation/diversion, etc.**. This means you cannot have had any legal obligations during the TWO YEARS prior to applying. This is also noted in the Background Check section of the application.

If you have NOT been legally involved in the past two years, please follow the instructions below.

- **Civil Applicant Waiver\***
  - Read and initial the bottom of page 1
  - Read, sign and date page 2
- **Fingerprint Request Form\***
  - Complete top portion and take to fingerprinting agency when you obtain your prints

***\*UPLOAD BOTH COMPLETED FORMS AND YOUR RECEIPT IN YOUR APPLICATION WHEN PROMPTED\****

## ➔ Additional Documents if you have a past criminal history-

- Regardless of when your legal case was resolved, you are **required to submit official court documents and a letter of explanation to the Board** – please see the Background Check section of the Application for detailed instructions

## IN STATE APPLICANTS, YOU HAVE TWO OPTIONS TO COMPLETE YOUR FINGERPRINTS:

1. **LIVESCAN**, you just need to upload these completed forms in your application along with the receipt showing Livescan was completed
  - a. We will not accept Certifix Livescan or Sterling Identity prints
2. **PRINT CARDS**, you will need upload these completed forms in your application AND mail a Money Order made out to '**General Services Division**' for (\$39.00) along with the completed fingerprint card to:

BOARD OF EXAMINERS FOR ALCOHOL, DRUG AND GAMBLING COUNSELORS  
4600 Kietzke Lane, B-115  
Reno, NV 89502

**COMPLETING PRINTS OUT OF STATE?** You **MUST** complete fingerprint cards and mail them with the money order to our office.

*If you have any questions or trouble uploading the forms to your application, please email [licensingsspecialist@adqc.nv.gov](mailto:licensingsspecialist@adqc.nv.gov)*

**Provide the Fingerprinting Agency the following information.**

EMPLOYER ADDRESS:

BOARD OF EXAMINERS FOR ALCOHOL, DRUG AND GAMBLING COUNSELORS

4600 Kietzke Lane, B-115

Reno, NV 89502

REASON: NRS 641C.260

MNU ACCOUNT: # 880678

ORI: NV920590Z ALC/DRG/GAMB/COUNSEL RENO, NV 89502



**STATE OF NEVADA  
BOARD OF EXAMINERS  
FOR  
ALCOHOL, DRUG AND GAMBLING COUNSELORS**

**FINGERPRINT REQUEST FORM**

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing. **Applicants without a Fingerprint Request Form or with an incomplete Fingerprint Request Form may be denied fingerprinting until all applicable information is received.**

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

**Applicant Information:**

Name (Last, First, MI): \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

**Authorized Entity Information:**

Account Number (MNU): 880678 ORI: NV920590Z  
ALC/DRG/GAMB/COUNSEL  
RENO, NV 89502

Applicant Responsible for Fees: ☒ --OR-- Bill to Account Number (MNU) \_\_\_\_\_

Reason Fingerprinted (NRS or Public Law) NRS 641C.260

Signature of Authorization: Paula Lopez Hlade Licensing Specialist  
(Signature of Employer or Authorized Entity requesting fingerprints)

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**Fingerprint Site Information:**

Signature of Official Taking Prints: \_\_\_\_\_ Date: \_\_\_\_\_

Submission via: ☐ LiveScan (TCN Number: \_\_\_\_\_)

☐ Print Cards (please print physical cards and return to applicant for manual submission)



## 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 **NV BOE FOR ALCOHOL, DRUG, & GAMBLING COUNSELORS** 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 and/or the Central Repository for Nevada Records of Criminal History 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 and/or Central Repository for Nevada Records of Criminal History, 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:

*Initial*

*Date*

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 **NV BOE FOR ALCOHOL, DRUG, & GAMBLING COUNSELORS**, 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 #:

880678

Agency Representative:

LOPEZ HLADE

PAULA

PLEASE PRINT

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

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

*Paula Lopez Hlade*

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