

## NEVADA STATE CONTRACTORS BOARD APPLICANT BACKGROUND DISCLOSURE STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

	SAPE CONTRACTORS OF	a de la companya de l	A separa	te forn	n MUST	be co	mplete	d by E	ACH P	erso	n in	ncluding the Qualified	d Individua	<u>l</u>	
BII	SINESS NAM	IE.												For B	oard Staff Only
NRS inve	S 624.263 and I	NRS 624.2	ports, and to r	equest	t fingerpr	ints fo	r submis	ssion t				nduct background ighway Patrol (NHP) a	and the	_	e Scan Prints rd Copy Prints
FA	ILURE TO AN	ISWER A	NY QUESTI	ONS (	CORRE	CTLY	BELC	W M	AY RE	SUL	T II	N A FINE FOR MIS	REPRESI	ENTATI	ION.
FIRS	T NAME				MIDDLE	NAME					LAS	T NAME			
SUFFIX OTHER NAME USED				DATE O	DATE OF BIRTH				+	CITY & STATE OF BIRTH					
SEX	RACE	RACE   WEIGHT   HAIR COLOR   EYE COLOR   PERSONAL EMAIL ADDRESS (CANNOT BE A THIRD PARTY)													
									CITY				OTATE		710
RESI	IDENCE ADDRESS	(AND MAILING	3 ADDRESS IF DIF	-FEKEN	1)				CITY				STATE		ZIP
SOCI	AL SECURITY NUM	BER	0	R INDI	IVIDUAL TA	AX ID NU	JMBER			1	1	CELL PHONE NUMBER	•		•
	_			9		-	-								
the inc pe	e Nevada Cr cluding thos nding. If a c pporting do Have you eve	iminal H se matte riminal I cumenta r been con	listory Rep rs that may history is fo ation.	osito <i>/ hav</i> ound	ory. The <u>e been</u> , an in	ese re <u>seal</u> vesti	ecord: <u>led, ex</u> gatior	s are ( <u>pun</u> g n will	likely ged, h be co	to <u>ad</u> ndi	inc <u>the</u> uct	e Federal Bureau clude all instance e charges reduce ed and you will be ninal charges pending	es of <u>crir</u> e <u>d, dismi</u> De reque	ninal a ssed o sted to	ctivity, or currently
revi con	ewing prior crim	ninal convid evidence d	ctions, the NS0 of rehabilitation	CB con	nsiders su pplicant :	uch ad submit	ditional s. It is y	factors	s as the	seri	ousi	ound disclosure and cri ness of the crime, the rovide any supporting	time that ha	as passe	ed since the
FIN	IANCIAL DIS	CLOSUR	<u>ES</u>												
2.	Within the last name?	t 3 years, h	ave you filed	or bee	n adjudi	icated	Bankrı	<b>ıpt</b> un	der youi	r indi	ividu	ual name, a corporate	name or ar	ny other l	business entity
	□ No					_						e of creditors listed in t	he bankrup	tcy petiti	on. If the
	· <u> </u>	-	been dischar		•	•		ganıza	ition and	d pro	ot o	of compliance.			
3.	Do you <b>antici</b>	pate filing	bankruptcy v	vithin th	he next 6	month	ns?								
	☐ No	☐ Yes													
4.	Have you, or any business entities of which you were a member, partner, officer, director, or associate received any <b>notice of liens, suits, judgments, or claims (including tax claims)</b> which remain unresolved or unsatisfied – OR – Are there now any <b>unpaid past due bills</b> for materials, services rendered, or labor?														
	☐ No	☐ Yes	- Attach a deta	ailed ex	xplanatio	n.									
5.	license denie	ed, suspen	ded, revoked	, or otl	herwise	discip	olined B	Y NE	VADA C	R A	NY	associate, or qualified OTHER STATE? Are R ANY OTHER STATE	there any d		
	☐ No business		– Attach a deta	ailed e	xplanatio	on inclu	uding the	e nam	e of the	state	e in	which the license was	held, licen	se numb	er, and
6.	Do you have a	a proprieta	ary interest (i.e	e., owr	nership, s	stock,	shares)	in this	applica	nt? (	(This	s question does not pe	ertain to sol	e proprie	etors).
	□ No □	Yes – <u>Pe</u>	rcentage Owne	ed:	%										

In order to comply with the requirements of Nevada's Department of Public Safety, fingerprint cards and LiveScan fingerprints cannot be accepted until <u>after</u> you submit your application and completed Fingerprint Background Waiver form(s) to the Board.

Once these forms has been submitted to the Nevada State Contractors Board you may proceed with obtaining the required fingerprints.

In consideration for processing my application for a Nevada State Contractor's License, I, the undersigned whose name and personal information voluntarily appear above, do hereby and irrevocably agree to the following:

- 1. I hereby authorize the **NEVADA STATE CONTRACTORS BOARD** (hereinafter "BOARD") to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information 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 agencies. 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. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.
- 2. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the BOARD.
- 3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Nevada State Contractors Board, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the **BOARD** 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 and the **BOARD** on the basis of their disclosures. I have signed this release voluntarily and of my own free will.
- 4. In giving the above authorization, I understand that all information provided to the **BOARD** may be reviewed by the **BOARD** or any other employee within the **BOARD**'S organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the **BOARD** and of the criminal justice agencies in the performance of their official duties, and may not be further disseminated.

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.

PURSUANT TO NRS 199.120, I CERTIFY THAT I HAVE CAREFULLY REVIEWED THE INFORMATION CONTAINED IN THIS DOCUMENT AND I ATTEST TO THE TRUTH AND ACCURACY OF THE INFORMATION CONTAINED IN THIS BACKGROUND DISCLOSURE STATEMENT UNDER PENALTY OF PERJURY.

Signature:_		Date:	
	(ORIGINAL SIGNATURE)		



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 **Nevada State Contractors 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 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 to 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 <a href="https://www.fbi.gov/services/cjis/identity-history-summary-checks">https://www.fbi.gov/services/cjis/identity-history-summary-checks</a> and <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>.
- 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 <a href="https://www.edo.cjis.gov">https://www.edo.cjis.gov</a>. 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 **Nevada State Contractors 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:			
Agangy Account #			
Agency Account #:			
Agency Representative:			
PLEASE PRINT	Last Name	First Name	Middle
Agency Representative Sign	ature:		
Date:			