



Occupational and Business Licensing
555 Wright Way
Carson City, Nevada 89711-0100
(775) 684-4690
www.dmvnv.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any person or entity contacted by the Department of Motor Vehicles, its agents or employees, during the course of my initial and annual background investigations, to furnish to such agents or employees, any information or opinions they may have.

I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, the Department of Motor Vehicles, or any of its agents or employees, and any and all persons or entities who shall furnish any information or opinions to the agents or employees, of the Department of Motor Vehicles who conduct my background investigation.

This waiver and its authority is valid until such time the applicant is no longer licensed by the State of Nevada, Department of Motor Vehicles and a request has been made of the Central Repository to transfer the applicant's fingerprint record to inactive status.

I _____ having made application with the Department of Motor
Name (please print)

Vehicles, for business or occupational licensing authorize the department to forward my fingerprints to the Central Repository for Nevada records of criminal history and for submission to the Federal Bureau of Investigation for its criminal history report. I fully understand that this is an annual process and by signing this form I hereby grant the Department permission to perform a background check, as they deem necessary.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, _____

Notary Public or Authorized Nevada DMV Representative