

**NEVADA DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE REGULATION  
139**

**NATIONAL CRIME INFORMATION CENTER (NCIC)**

**Supersedes:** AR 139 (Temporary, 02/08/10)  
**Effective Date:** 05/20/10

**AUTHORITY:** NRS 209.131  
NRS 193.50  
Title 28, US Code, Section 534

**RESPONSIBILITY**

The Offender Management Division (OMD) is responsible to regulate the procurement, use, dissemination of information contained in the National Crime Information Center (NCIC).

**139.01 NCIC PROCEDURES**

1. The Nevada Department of Corrections (NDOC) will not disseminate any criminal history information obtained through direct access to the NCIC to any other agency or person.
2. The NCIC program will only be used to obtain criminal history and wants/warrants information on: (4-4061)
  - A. Applicants to visit inmates;
  - B. Prospective NDOC employees;
  - C. Person under contract with NDOC;
  - D. Applicants applying for volunteer status;
  - E. Persons suspected of committing criminal activity;
  - F. Persons suspected of conspiring with or aiding and abetting an inmate to commit a crime;
  - G. Inmates incarcerated in NDOC;
  - H. Escape process;
  - I. Inmates discharging.
3. Request for NCIC background checks must be submitted on DOC Form 2017 NCIC Criminal History Check to the designated staff in the Offender Management Division (OMD) for processing. Persons applying for employment, contract work, volunteer, or visitor must provide

the written consent form on DOC Form 1021, Written Consent for NCIC Criminal History Check, prior to an NCIC records check being conducted

- A. Printouts are for review purposes only and must be destroyed and not maintained in any file.
  - B. Printouts with verified information, such as wants/warrants may be maintained as long as they are being utilized.
  - C. Consent is not required for records check on incarcerated persons or persons suspected of committing a criminal offense.
4. Neglect or misuse of the NCIC system may result in administrative, civil, or criminal action being initiated.
5. An authorized staff member will be responsible for the entry of all escape warrants.

**139.02 PRISON NUMBER CP-NUMBER**

1. A master roster designating who may request NCIC background checks will be maintained and up-dated on a quarterly basis by the designated OMD staff.
- A. Request for P-Numbers may be submitted to OMD
  - B. Such requests must detail purpose of such access and have the Warden's approval.
2. The contents of the P-Number master roster will contain the following information
- A. Name;
  - B. Title;
  - C. Office Number;
  - D. Pager/Cell Number;
  - E. Specific NCIC services authorized for the employee and;
  - F. Specific Nevada Highway Patrol Communications Center Services.
3. Staff are only permitted to request or provide information with the services for which they have been authorized.
4. The roster will be provided to the Nevada Highway Patrol, Wardens, and Division Heads.

**APPLICABILITY**

1. This Administrative Regulation requires an operational procedure for OMD and institutions/facilities.
2. This Administrative Regulation requires an audit.

**REFERENCES**

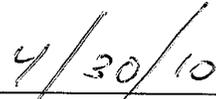
ACA, 4<sup>th</sup> edition, Standards Supplement 4-4061

**ATTACHMENTS**

NCIC Criminal History Check DOC Form 2017  
Written Consent for NCIC Criminal History Check, DOC Form 1021



Howard Skolnik, Director



Date

**STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS**

**TO: NCIC OPERATOR**

**FROM:** \_\_\_\_\_ **P#** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

The following applications are being submitted for criminal history background checks.  
The applications have been reviewed for accuracy and completeness.

	NAME OF APPLICANT:	INMATE NAME & NDOC #	NCIC COMMENT/DISPOSITION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

**TOTAL NUMBER OF APPLICANTS:** \_\_\_\_\_ **NCIC COMPLETION DATE:** \_\_\_\_\_

DOC - 2017 (2/08)



**4. Criminal History**

Have you ever been arrested or convicted? Yes  No  If yes, complete the following section; attach additional sheet if necessary.

Charge	Approximate Date	Disposition	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Position (To be completed by JOB APPLICANT only)** Position applying for: \_\_\_\_\_

**6. HAVE YOU EVER BEEN EMPLOYED BY THE NEVADA DEPARTMENT OF CORRECTIONS?**

(IF SO NOTE CAPACITY AND DATES OF EMPLOYMENT) \_\_\_\_\_  
\_\_\_\_\_

**7. Authorization**

Chapter 179A of the Nevada Revised Statutes permits an Agency of the Criminal Justice to obtain records of criminal history regarding a prospective employee. Consent is not required in order to obtain information reflecting only convictions. Consent is required in order to obtain a complete record of criminal history.

The applicant's signature on this consent form will permit the Department of Corrections to obtain complete information regarding arrests, detention, indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release.

This information will be used only for purposes of determining employability. Chapter 179A of NRS prohibits an employer from dissemination of this information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Authorization for Records Check

\_\_\_\_\_  
Date

DOC 1021 (9/07)