NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
139

NATIONAL CRIME INFORMATION CENTER (NCIC)

Supersedes: AR 139 (Temporary, 02/08/10); 05/20/10; (Temporary, 02/13/17)
Effective Date: 03/07/17

AUTHORITY: NRS 179A; NRS 209.131; NRS 193.50; Title 28, C.F.R., Part 20;
Title 28, C.F.R., Section 534

PURPOSE

The National Crime Information Center (NCIC) is a branch of the Federal Bureau of
Investigation (FBI), providing an online access for authorized individuals about crimes, and in
some cases information on criminals. All information that is provided from many criminal justice
agencies is designed to be accessible only to authorized users. This regulation ensures NDOC is
compliant with federal and state regulations to ensure the integrity and privacy of data.

RESPONSIBILITY

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

The Inspector General (IG) Office is responsible for the computerized data base of documented
criminal justice information, and for ensuring federal and state compliance with 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:
   A. Applicants to visit inmates;
   B. Prospective NDOC employees;
   C. Promotions for current employees;
   D. Records check of current employees every three (3) years;
   E. Person under contract with NDOC;
   F. Applicants applying for volunteer status;
G. Persons suspected of committing criminal activity;
H. Persons suspected of conspiring with or aiding and abetting an inmate to commit a crime;
I. Inmates incarcerated in NDOC;
J. Escape process;
K. Inmates discharging.

3. Request for NCIC background checks must be submitted on DOC Form 2017 NCIC Criminal History Check to the designated staff 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. Specific NCIC services authorized for the employee and;

   D. 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, Division Heads and the Office of the Inspector General.

APPLICABILITY

1. This Administrative Regulation requires an operational procedure for OMD; institutions/facilities and the IG office.

2. This Administrative Regulation requires an audit.

REFERENCES

ACA, 4th edition, Standards Supplement 4-4061
NCJIS Administrative Policy 07/2016

ATTACHMENTS

NCIC Criminal History Check DOC Form 2017
Written Consent for NCIC Criminal History Check, DOC Form 1021, updated 12/2015

James Dzurenda, Director
3/7/17
Date
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.

<table>
<thead>
<tr>
<th>NAME OF APPLICANT</th>
<th>INMATE NAME &amp; NDOC #</th>
<th>NCIC COMMENT/DISPOSITION</th>
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TOTAL NUMBER OF APPLICANTS: ____________________ NCIC COMPLETION DATE: ________________
1. **NAMES AND ADDRESSES**

Applicant's Legal Name: ____________________________

Last: ____________________________ First: ____________________________ MI: ____________________________

Please complete this questionnaire in its **ENTIRETY.** **ANY omission or false statement is SUFFICIENT REASON FOR DENIAL.**

List any other names (alias) you are known by. Include your maiden name and any nicknames, if applicable. *(Failure to include all names will result in denial)*

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
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Current Physical Address: ____________________________

Full Street: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Current Mailing Address: ____________________________

Full Street: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Previous Address: ____________________________

Full Street: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

Home Phone Number (______): ____________________________ Cell Phone Number (______): ____________________________

Email address: ____________________________

List any other states you have lived in; if none enter N/A: ____________________________

Occupation Or Business: ____________________________ Employer: ____________________________

Business Phone (______): ____________________________ Contact Name: ____________________________

Have you ever worked for the Nevada Department of Corrections? ☐ Yes ☐ No

If Yes, When? ____________________________ Position: ____________________________

Have you EVER worked or volunteered in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution? ☐ Yes ☐ No

If Yes, When? ____________________________ Where: ____________________________

2. **IDENTIFIERS**

Drivers License and or ID number: ____________________________ State: ____________________________

Date of Birth: ____________________________ Place of Birth: ____________________________ Age: ____________________________

SSN: ____________________________ Gender: Male ☐ Female ☐

Race: ____________________________ Marital Status: Married ☐ Single ☐

Height: ____________________________ Weight: ____________________________ Hair Color: ____________________________ Eye Color: ____________________________

Scars Marks or Tattoos; if none enter N/A: ____________________________
3. **Criminal History:** ALL arrests must be listed, whether there was a conviction or not. You must also list arrests in other states and countries. Do not exclude anything; any omission of an arrest is sufficient reason for denial.

   Have you **EVER** been arrested? Yes ☐ or No ☐

   Have you **EVER** been convicted of a Felony, Gross Misdemeanor or Misdemeanor? Yes ☐ or No ☐

   If yes to either of the above, complete the following and attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Charge</th>
<th>Disposition</th>
<th>Date of Arrest</th>
<th>City/State</th>
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4. Have you **EVER** been incarcerated in a Correctional Facility/Prison? Yes ☐ or No ☐

   If yes, what Facility/Prison(s) and state:

   Are you currently on Probation? Yes ☐ or No ☐ If yes, in what state:

5. Do you or have you ever visited or corresponded with an inmate incarcerated in any Correctional Facility or Prison? Yes ☐ or No ☐

6. Do you know or correspond with anyone on parole/probation? Yes ☐ or No ☐

   If yes to the above questions, complete the following section and attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name and Inmate Number</th>
<th>Relationship</th>
<th>Indicate whether you visit or write</th>
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</thead>
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7. **Authorization**

   Chapter 179A.100 of the Nevada Revised Statutes permits an Agency of 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, contractor or volunteer's signature on this consent form will permit the Department of Corrections to obtain complete information regarding arrests, detention, convictions, 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 Name (please print) ____________________________________________

   Applicant's Signature __________________________________ Date ____________

   Agency Authorization for Records Check

   Date ____________________________

   Application Review

   For Official Use Only: Approved ☐ Denied ☐

   Signature of Authorized Personnel

   Date ____________________________