NOC Request Form
NOTE: One NOC Request per form

Date - _____

Required Requestor Information:

Requestor Name: _____ Agency Name: _____

Contact Information - Preferred contact Method -

☐ eMail _____

☐ Phone _____

Reason for NOC Request - _____

Retainable as Criminal History - ☐ Yes ☐ No

Description of Crime - _____

Statute/Code Reference -
(Provide full NRS/County or City code #, may have multiple reference #s, and a copy of the code being referenced)

_____

Provide Crime Class/Severity - ☐ Class A Felony ☐ Class B Felony ☐ Class C Felony ☐ Class D Felony ☐ Class E Felony

☐ Gross Misdemeanor ☐ Misdemeanor

Response from DPS/AOC

NOC Exists -

☐ Yes ☐ No

Existing NOC Information -

Research/Recommendation from DPS - ☐ Create New NOC ☐ Research AOC ☐ Discuss

Results -

Resolution Date - _____

☐ New NOC 50,000 Series _____ 11 Digit _____

☐ Denied - Reason for denial - _____

Systems/Synch - ☐ DPS
☐ AOC/Flags
☐ MCIJIS/NCS