STATE OF NEVADA SEX OFFENDER VERIFICATION/CHANGE FORM □ ADDRESS CHANGE □ EMPLOYMENT/OCCUPATION CHANGE □ LICENSE/VEHICLE CHANGE VERIFICATION: ☐ YEARLY ☐ 6 MONTH ☐ 90 DAY ☐ 30 DAY CHECK-IN ☐ FINGER/PALM PRINTS ☐ PHOTO PHOTOCOPIES: Drivers License DD Card Professional License DP Passport AGENCY INFORMATION OFFICIAL USE ONLY Agency Name: Date: Agency Address: Fingerprint PCN #: Agency Number: State Registration Number: Scope ID: Tier Level: PERSONAL INFORMATION Last Name: First Name : Middle Name: E-mail address: User Name: Screen Name: DOB: SS#: Place of Birth: City: State: WGT: Race: HGT: Hair: Eyes: Sex: ADDRESS INFORMATION ☐ CURRENT ☐ FUTURE ■ NON-FIXED Street Address/Location: City: State: Zip Code: County: Telephone#: Cell Phone: Start Date: End Date: ☐ Mailing Address: City: State: Zip Code: ■ NON-FIXED ☐ PREVIOUS ADDRESS INFORMATION **☐** SECONDARY ☐ FUTURE Street Address/Location: City: State: Zip Code: County: Telephone#: Cell Phone: Start Date: End Date: EMPLOYMENT/VOLUNTEER INFORMATION EMPLOYED ☐ UNEMPLOYED ☐ VOLUNTEER **Employer Name:** Street Address: City: State: Zip Code: Telephone #: **Business Type:** Occupation: **NEW SCARS - MARKS - TATTOOS** ☐Tattoo ☐Scar ☐Mark □ Verified Location: Description: □ Verified □Tattoo □Scar □Mark Location: Description:

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STATE OF NEVADA SEX OFFENDER VERIFICATION/CHANGE FORM

	PROI	FESSI	ONAL LIC	CENSE INFORMA	TION				
Name on License:					License #				
License Type:					Issuing	State:	Expiration Date:		
Ash a al Nama	CURF	RENT	EDUCATI	ONAL INFORMA		DIII	wh Cahaal 🗆 Drivete		
School Name:							gh School Private		
Address:			City:		☐ College/	Universit	☐ Trade/technical		
Telephone#:	Start Date:				End				
	DDIVED'S LICE	NSE/IF	SENTIEIC	ATION//FHICI F	INEODM V.	TION			
Driver's License #			ation Date:	CATION/VEHICLE INFORMATION State of Issue:					
License Plate #:			State:			Reg. Expiration Date:			
Vahiala Idantifiaatian	# (A/IN)			Vehicle Year:					
Vehicle Identification	# (VIN)			venicie rear:					
Vehicle Make: Vehicle Model:				Vehicle Type:		Vehicle Color:			
Location vehicle is ke	pt:								
License Plate #:			State:			Reg. Expiration Date:			
Vehicle Identification	# (VIN):			Vehicle Year:					
Vehicle Make: Vehicle Model:				Vehicle Type:			Vehicle Color:		
Location vehicle is ke	pt:								
	F								
By my signing	g I acknowledge the	above	e informa	tion is true and o	omplete. I	unders	tand that		
providing fals	e or misleading info	ormati	on to the	registering author	ority or fail	ure to s	sign this form I		
	ed and charged with a category C felony								
Registrant's Signature				Date					
Agency Representative	Signature *Agency representa	atives' sign	nature is require	ed.	Date				
				2	Rev	vised 01/22/	2020		
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STATE OF NEVADA SEX OFFENDER VERIFICATION/CHANGE FORM

gency Name:	OEX OIT END	ADMONISHMENT								
gency Name:			Agency/Scope#:	State Initial Reg. D	ate: I	ier Level:				
ast Name:		First Name:	Middle Name:	Date o	f Birth:	Social Security #				
	MY INITIALS ACKN	OWLEDGE THAT I HAVE	READ OR HAD READ TO	ME EACH PARAGE	RAPH	<u> </u>				
Initial	Police Department, or City Poli	ce Department in whose jurisdi	d of more than <u>48 hours</u> , it is my oction I reside, for ALL convictions category D felony. (NRS 179D.460	defined in NRS 179D. Fai		·				
Initial	department, or city police dep	artment in whose jurisdiction I a	ol in Nevada I must register with im a student or worker not later t ichool) in Nevada I must also regis	han 48 hours after becon	ning a stud	· ·				
Initial	I understand that if I am a resident of Nevada, and I am a student, working or carrying on a vocation in a state other than Nevada, I must personally appear to register with law enforcement in the state I am a student, employed, or carrying on a vocation. (NRS 179D.450,)									
Initial	vehicles frequently driven by n I am required to notify in perso	ne I must report the change in p on or in writing, the local law en nforcement agency of these cha	within this city, county, state, or erson to the local law enforcement forcement agency in the jurisdicti anges or providing false or mislean	nt agency. If I move to an on where I formerly resid	other juriso led, of the o	diction outside this state change of address.				
Initial		ther jurisdiction, it is my respor istrict of Columbia, and Indian t	sibility to register with the approribes). (179D.450, 179D.460)	priate law enforcement a	gency in th	nat jurisdiction (50				
Initial		s in the address of any dwelling	ry 30 days notify the local law enf that is providing the sex offender	• ,	•					
Initial	least 21 days in advance. Repo destination country prior to yo	rting travel does not authorize e ur departure to determine whe	notify the local law enforcement a entry into your destination countr ther entry will be authorized upor FED. REG. page 1637 (Jan.11, 201	y; contact the local emban your arrival. (NRS 179D.	ssy or cons	sulate of your				
Initial	required to notify the local law	enforcement agency in my resi	days or more regardless of wheth dence jurisdiction of my travel pla IS 179D.151, 179D.470, 73 FR at 3	ans and notify the local la	w enforcer	nent agency where I wi				
Initial	and sign a verification of regist designated a Tier 1, I must app	ration form. I must allow the law	, I must appear in person at the low enforcement agency to collect a ually, if I am designated a Tier 2, ry 90 days. (NRS 179D.480)	current set of fingerprin	ts, palm pr	ints and a photo. If I an				
	if I fail to comply with registration authority with a category D fel	n these requirements v, or fail to initial and ony, a second violati	read and understand s, provide false or mis sign this form I may on within 7 years I ma 550, 179D.441, 179D.4	leading informatibe arrested and ay be charged w	tion to charge ith a	the d				
Registrant's Sign	nature			Date						
	entative Signature			 Date						

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