Nevada Department of
Public Safety
Dedication Pride Service

Records, Communications and Compliance Division
333 West Nye Lane, Suite 100 Carson City, Nevada 89706
Telephone (775) 684-6262 Fax (775) 684-3116
ap@dps.state.nv.us www.rccd.nv.gov

CIVIL APPLICANT ACCOUNT UPDATE FORM

(one account per form) ***ALL information is required unless noted "if applicable". Incomplete forms may result in a processing delay.***

Website: _____

For use by DPS RCCD Staff Only

☐ *No Changes* ☐ *N/A*

	FISCAL	***Sent to Service Desk***
Processed By:		
Date:		

RCCD Account Number: **Company Name:**

Federal Tax ID # *if "New", please provide a copy of the Federal Tax ID letter

☐ Current _____ ☐ New* _____

Statutory Authority (If Applicable) ☐ Add _____ ☐ Delete _____

Address Change – applies to (CHECK ALL THAT APPLY):

Physical Address *City – State - Zip*

Billing Address *City – State - Zip*

Response Address *City – State - Zip*

Contact Information - applies to (CHECK ALL THAT APPLY): ☐ Billing ☐ Response ☐ Both ☐ Add ☐ Delete

Name and Title (printed) *Telephone Number*

E-mail Address *Fax Number*

Contact Information - applies to (CHECK ALL THAT APPLY): ☐ Billing ☐ Response ☐ Both ☐ Add ☐ Delete

Name and Title (printed) *Telephone Number*

E-mail Address *Fax Number*

Contact Information - applies to (CHECK ALL THAT APPLY): ☐ Billing ☐ Response ☐ Both ☐ Add ☐ Delete

Name and Title (printed) *Telephone Number*

E-mail Address *Fax Number*

Terms: Invoices will be available through the agency portal. In order to maintain a current account, the full balance must be paid within 10 days. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 10 business days.

****Any payment on account returned for Non-Sufficient Funds will be assessed a $25.00 fee.****

I, the undersigned, have the authority to make the changes outlined herein on behalf of the Company/Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, Records, Communications and Compliance Division.

Authorized Company Representative Signature *Date*

Authorized Company Representative Name-PRINTED *Title*