

# 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    ID Card    Professional License    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:	
HGT:	WGT:	Hair:	Eyes:	Sex:	Race:	

ADDRESS INFORMATION <input type="checkbox"/> CURRENT <input type="checkbox"/> FUTURE <input type="checkbox"/> NON-FIXED					
Street Address/Location:		City:		State:	Zip Code:
County:	Telephone#:	Cell Phone:	Start Date:	End Date:	
<input type="checkbox"/> Mailing Address:		City:		State:	Zip Code:

ADDRESS INFORMATION <input type="checkbox"/> SECONDARY <input type="checkbox"/> FUTURE <input type="checkbox"/> NON-FIXED <input type="checkbox"/> PREVIOUS					
Street Address/Location:		City:		State:	Zip Code:
County:	Telephone#:	Cell Phone:	Start Date:	End Date:	

EMPLOYMENT/VOLUNTEER INFORMATION <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> VOLUNTEER					
Employer Name:					
Street Address:		City:		State:	Zip Code:
Telephone #:	Business Type:		Occupation:		

NEW SCARS - MARKS - TATTOOS					
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input type="checkbox"/> Verified	Location:	Description:
<input type="checkbox"/> Tattoo	<input type="checkbox"/> Scar	<input type="checkbox"/> Mark	<input type="checkbox"/> Verified	Location:	Description:

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PROFESSIONAL LICENSE INFORMATION			
Name on License:		License #	
License Type:		Issuing State:	Expiration Date:

CURRENT EDUCATIONAL INFORMATION			
School Name:		School Type: <input type="checkbox"/> High School <input type="checkbox"/> Private	
		<input type="checkbox"/> College/University <input type="checkbox"/> Trade/technical	
Address:	City:	State:	Zip Code:
Telephone#:	Start Date:	End Date:	

DRIVER'S LICENSE/IDENTIFICATION/VEHICLE INFORMATION			
<input type="checkbox"/> Driver's License #		<input type="checkbox"/> Identification #	
Expiration Date:		State of Issue:	
License Plate #:	State:	Reg. Expiration Date:	
Vehicle Identification # (VIN)		Vehicle Year:	
Vehicle Make:	Vehicle Model:	Vehicle Type:	Vehicle Color:
Location vehicle is kept:			
License Plate #:	State:	Reg. Expiration Date:	
Vehicle Identification # (VIN):		Vehicle Year:	
Vehicle Make:	Vehicle Model:	Vehicle Type:	Vehicle Color:
Location vehicle is kept:			

**By my signing I acknowledge the above information is true and complete. I understand that providing false or misleading information to the registering authority or failure to sign this form I may be arrested and charged with a category D felony, a second violation within 7 years I may be charged with a category C felony pursuant to NRS 179D.550, 179D.441, 179D.445, 179D.450, and 179D.460.**

\_\_\_\_\_  
 Registrant's Signature \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative Signature \*Agency representatives' signature is required. \_\_\_\_\_  
 Date

# STATE OF NEVADA SEX OFFENDER VERIFICATION/CHANGE FORM

## SEX OFFENDER REGISTRATION REQUIREMENTS ADMONISHMENT

<b>Agency Name:</b>	<b>Agency/Scope#:</b>	<b>State Initial Reg. Date:</b>	<b>Tier Level:</b>
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Date of Birth:</b>
<b>Social Security #:</b>			

**MY INITIALS ACKNOWLEDGE THAT I HAVE READ OR HAD READ TO ME EACH PARAGRAPH**

- Initial \_\_\_\_\_ I understand that if I remain in the State of Nevada for a period of more than **48 hours**, it is my responsibility to register with the Sheriff, Metropolitan Police Department, or City Police Department in whose jurisdiction I reside, for ALL convictions defined in NRS 179D. Failure to comply with these provisions can result in my being arrested and charged with a category D felony. (NRS 179D.460, 179D.550)
- Initial \_\_\_\_\_ If I am a nonresident of Nevada and working or attending school in Nevada I must register with the appropriate sheriff's office, metropolitan police department, or city police department in whose jurisdiction I am a student or worker not later than 48 hours after becoming a student or worker. If I am a student of an institution of higher education (post-secondary school) in Nevada I must also register with the campus police. (NRS 179D.450, 179D.460)
- 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 \_\_\_\_\_ If I move from my last registered address to another residence within this city, county, state, or change employment, school or vehicle registered to me or vehicles frequently driven by me I must report the change in person to the local law enforcement agency. If I move to another jurisdiction outside this state, I am required to notify in person or in writing, the local law enforcement agency in the jurisdiction where I formerly resided, of the change of address. Failure to notify the local law enforcement agency of these changes or providing false or misleading information is a felony. (NRS 179D.447, 179D.450, 179D.460, 179D.470, 179D.550)
- Initial \_\_\_\_\_ If I move from this State to another jurisdiction, it is my responsibility to register with the appropriate law enforcement agency in that jurisdiction (50 states, 5 principle territories, District of Columbia, and Indian tribes). (179D.450, 179D.460)
- Initial \_\_\_\_\_ Any sex offender who has **no fixed** residence shall at least every 30 days notify the local law enforcement agency in whose jurisdiction the sex offender resides if there are any changes in the address of any dwelling that is providing the sex offender temporary shelter or any changes in location where the sex offender habitually sleeps. (NRS 179D.470)
- Initial \_\_\_\_\_ If I am traveling outside of the United States I am required to notify the local law enforcement agency in my residence jurisdiction of the intended travel at least 21 days in advance. Reporting travel does not authorize entry into your destination country; contact the local embassy or consulate of your destination country prior to your departure to determine whether entry will be authorized upon your arrival. (NRS 179D.151, 179D.470, 34 U.S.C. 20930, 34 U.S.C 20923(b)), 73 FR at 38066-67, 34 U.S.C. 20914(a) (7), 76 FED. REG. page 1637 (Jan.11, 2011))
- Initial \_\_\_\_\_ If I am lodging in places other than my residence for seven (7) days or more regardless of whether that results from domestic or international travel I am required to notify the local law enforcement agency in my residence jurisdiction of my travel plans and notify the local law enforcement agency where I will be lodging domestically or internationally of my presence. (NRS 179D.151, 179D.470, 73 FR at 38056, 38066, 76 FED.REG.page 1637 (Jan.11, 2011))
- Initial \_\_\_\_\_ On the anniversary date of establishing a record of registration, I must appear in person at the local law enforcement agency where I reside to complete and sign a verification of registration form. I must allow the law enforcement agency to collect a current set of fingerprints, palm prints and a photo. If I am designated a Tier 1, I must appear not less frequently than annually, if I am designated a Tier 2, I must appear not less frequently than every 180, if I am designated a Tier 3, I must appear not less frequently than every 90 days. (NRS 179D.480)

**By my signing I acknowledge that I have read and understand the requirements above and if I fail to comply with these requirements, provide false or misleading information to the registration authority, or fail to initial and sign this form I may be arrested and charged with a category D felony, a second violation within 7 years I may be charged with a category C felony pursuant to NRS 179D.550, 179D.441, 179D.445, 179D.450, and 179D.460.**

\_\_\_\_\_  
Registrant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature  
\*Agency representatives' signature is required.

\_\_\_\_\_  
Date