



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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PETITION FOR CRIMINAL HISTORY REVIEW

INFORMATION

A person with a criminal history may petition the Funeral and Cemetery Services Board to review the criminal history of the petitioner prior to application and payment of fees, to determine if the petitioner's criminal history will disqualify the petitioner from obtaining a license.

PROCESS FOR SUBMISSION AND DETERMINATION OF CRIMINAL HISTORY PETITIONS

A petitioner with prior criminal history may submit a written petition to the Board requesting that the Board make a determination as to whether or not the petitioner's criminal history will disqualify the petitioner from obtaining any license, certificate or permit issued by the Board. A petitioner with a criminal history may petition the Board at any time, including, without limitation, before obtaining any education or paying any fee required to obtain a license from the Board. The Board will review all petitions at a public meeting. Not later than 90 days after a petition is submitted, the Board will inform the person of the determination.

INSTRUCTIONS

Complete the petition for criminal history review form and submit to the Funeral and Cemetery Services Board along with any and all reports and documents to the Board for review and consideration.

Provide details for each criminal event on the attached forms. **If the crime charged was within the past seven (7) years, a copy of the police report and/or other legal documents related to the criminal charge must be attached to this petition for criminal history form for each criminal event.**

Personal Information

Full Legal Name: _____

Home Mailing Address: _____
Address, City, State and Zip

Phone Number: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Citizenship: US Citizen Authorized to Work in the US Place of Birth: _____

List ALL Prior Names and/or Alias' Used – attach additional sheets if necessary

_____	_____
_____	_____
_____	_____

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PETITION FOR CRIMINAL HISTORY REVIEW

List ALL States in which Petitioner has resided – attach additional sheets if necessary

Address History – Please list places of residence for the last 10 years – attach additional sheets if necessary

1. Current Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

2. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

3. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

4. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

5. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

6. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

7. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

8. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

9. Prior Physical Address: _____
Address, City, State and Zip

Dates of Residence: From: _____ To: _____

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PETITION FOR CRIMINAL HISTORY REVIEW

Event 1 (Police report and or other legal documents related to the criminal charge must be attached)

Year charges were filed against you:		Court Location:	
Case Number:	Crime Charged:		
Case Outcome:	<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest or dismissed:			
Penalty Imposed:			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input type="checkbox"/> Misdemeanor	

Have all penalties/sanctions imposed been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.

Additional Items

If Petitioner has additional criminal history, please attach additional sheets as necessary.

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Event 2 (Police report and or other legal documents related to the criminal charge must be attached)

Year charges were filed against you:		Court Location:	
Case Number:	Crime Charged:		
Case Outcome:	<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest or dismissed:			
Penalty Imposed:			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input type="checkbox"/> Misdemeanor	

Have all sanctions imposed been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.

Additional Items

If Petitioner has additional criminal history, please attach additional sheets as necessary.

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Event 3 (Police report and or other legal documents related to the criminal charge must be attached)

Year charges were filed against you:		Court Location:	
Case Number:	Crime Charged:		
Case Outcome:	<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest or dismissed:			
Penalty Imposed:			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input type="checkbox"/> Misdemeanor	

Have all sanctions imposed been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.

Additional Items

If Petitioner has additional criminal history, please attach additional sheets as necessary.

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Event 4 (Police report and or other legal documents related to the criminal charge must be attached)

Year charges were filed against you:		Court Location:	
Case Number:	Crime Charged:		
Case Outcome:	<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest or dismissed:			
Penalty Imposed:			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input type="checkbox"/> Misdemeanor	

Have all sanctions imposed been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.

Additional Items

If Petitioner has additional criminal history, please attach additional sheets as necessary.

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Event 5 (Police report and or other legal documents related to the criminal charge must be attached)

Year charges were filed against you:		Court Location:	
Case Number:	Crime Charged:		
Case Outcome:	<input type="checkbox"/> Pled Guilty	<input type="checkbox"/> Found Guilty	<input type="checkbox"/> Pled no contest
	<input type="checkbox"/> Pending	<input type="checkbox"/> Dismissed	
Date on which you pled guilty, found guilty, pled no contest or dismissed:			
Penalty Imposed:			

Type of Conviction

<input type="checkbox"/> Category A or B Felony	<input type="checkbox"/> Gross Misdemeanor	<input type="checkbox"/> Other:
<input type="checkbox"/> Category C, D or E Felony	<input type="checkbox"/> Misdemeanor	

Have all sanctions imposed been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached the police report and/or legal documents related to the criminal charge(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explanation of Event

Please provide a detailed explanation of the circumstances surrounding the arrest and/or conviction.

Additional Items

If Petitioner has additional criminal history, please attach additional sheets as necessary.

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PETITION FOR CRIMINAL HISTORY REVIEW

Child Support Information – Please Check ONE appropriate answer.

Form with three rows for child support information, each with a checkbox and a text description regarding court orders and compliance.

Declaration of Petitioner

The undersigned hereby submits this petition for criminal history review under the laws and regulations governing funeral and cemetery services and certifies that all statements and documents contained herein are true and correct to the best of his/her knowledge and belief...

Petitioner agrees to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this petition for criminal history review, and understands that any information submitted, including this petition, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

Signature of Applicant _____ Date _____

Print Name _____

State of _____)
) ss.
County of _____)

Signed and sworn to (or affirmed) before me by _____ on this
_____ day of _____, 20_____.

Notary Public _____ Seal
Commission Expires _____

For Board Use Only:

Form with four fields: Date Received, Board Review, Approved, and Denied.