

**WASHOE COUNTY SHERIFF'S OFFICE
 CONVICTED PERSON REGISTRATION NRS179C
 PLEASE FILL OUT COMPLETELY**



Date: _____ **MNI #:** _____

Name: _____ **Phone:** _____
 First Middle Last

AKAs Used: _____

Address: _____
 Number & Street Name (and Apt # or Hotel with room #) City State Zip

Occupation: _____ **Employer:** _____ **Phone:** _____

Employer Address: _____
 Number & Street Name City State Zip

DOB: _____ **Birth Place (City/State):** _____ **SS#:** _____

Sex: _____ **Race:** _____ **HT:** _____ **WT:** _____ **Eyes:** _____

Hair: _____ **Build:** _____

Marks/Scars/Tattoos (include location and description): _____

Length of time at present address: _____ **How long will you remain in NV?** _____

Marital Status: _____ **Spouse's Name:** _____

Address: _____
 Number & Street Name City State Zip

LIST CRIMES/CONVICTIONS (NO NRS OR PENAL CODES) FOR WHICH YOU MUST REGISTER

Date:	Charge (include whether a felony, gross misdemeanor, or misdemeanor)	Agency/City, State	Disposition/Sentence

Are you on Parole/Probation? Yes No **Discharge Date:** _____

Parole/Prob. Officer's Name & Address: _____

Driver's License/ID #: _____ **Do you own a vehicle?** Yes No

License Plate: _____ **Make/Model:** _____ **Year:** _____ **Color:** _____

 Registrant's Signature

 Employee Signature