

FOR WCSO USE ONLY:

MNI #: _____
 PERMIT#: _____
 TCN #: _____
 DATE: _____
 PHOTO #: _____

WASHOE COUNTY SHERIFF'S OFFICE APPLICATION FOR WORK PERMIT / MEDICAL MARIJUANA CARD



CHILD CARE LIQUOR MMJ OTHER: _____
 ORIGINAL RENEWAL

NAME: _____
LAST FIRST MIDDLE

MAIDEN NAME OR AKA: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDATE: _____ BIRTH PLACE: _____

RACE: _____ MALE FEMALE HT: _____ WT: _____ HAIR: _____ EYES: _____

ADDRESS: _____
NUMBER & STREET NAME CITY STATE ZIP CODE

MAILING ADDRESS: _____
NUMBER & STREET NAME CITY STATE ZIP CODE

PHONE: _____ DRIVER'S LICENSE: _____ DL STATE: _____

SCARS, MARKS, TATTOOS: _____

Have you ever been arrested? Yes No If **YES** list ALL arrest including other states, charges and disposition:

DATE	CHARGE(S)	ARRESTING AGENCY	CITY AND STATE	DISPOSITION

US CITIZEN: YES NO IF NO, COUNTRY OF CITIZENSHIP: _____

ALIEN REG #: _____ PASSPORT #: _____

FOR WCSO USE ONLY: QW _____ TIBURON CHECKED: YES NO

SIGNATURE OF WCSO EMPLOYEE

SIGNATURE OF APPLICANT

NRS 197.190 EVERY PERSON WHO, AFTER DUE NOTICE, SHALL REFUSE OR NEGLECT TO MAKE OR FURNISH ANY STATEMENT, REPORT OR INFORMATION LAWFULLY REQUIRED OF THE PERSON BY ANY PUBLIC OFFICER, OR WHO, IN SUCH STATEMENT, REPORT OR INFORMATION SHALL MAKE ANY WILLFULLY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT, OR WHO SHALL WILLFULLY HINDER, DELAY OR OBSTRUCT ANY PUBLIC OFFICER IN THE DISCHARGE OF OFFICIAL POWERS OR DUTIES, SHALL, WHERE NO OTHER PROVISION OF LAW APPLIES, BE GUILTY OF A MISDEMEANOR.

**WASHOE COUNTY SHERIFF'S OFFICE
APPLICATION FOR
WORK PERMIT / MEDICAL MARIJUANA CARD**



Please issue a work permit to the following applicant:

<hr/> EMPLOYEE'S NAME	<hr/> POSITION TITLE
<hr/> EMPLOYER'S NAME	<hr/> EMPLOYER'S PHONE NUMBER
<hr/> EMPLOYER'S ADDRESS	<hr/> CITY STATE ZIP CODE
<hr/> AUTHORIZED EMPLOYER'S PRINTED NAME	<hr/> AUTHORIZED EMPLOYER'S SIGNATURE

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD

To: Washoe County Sheriff's Office and Criminal Justice Agencies

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Washoe County Sheriff's Office for the purpose of work permit/medical marijuana card review.

I understand that a record of criminal history means the information contained in records, collected and maintained by agencies of criminal justice, consisting of descriptions which identify the subject, notation of arrests, detention, indictments, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release.

I hereby give my written consent for the Washoe County Sheriff's Office to disseminate my record of criminal history to the above listed employer.

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies, including the Washoe County Sheriff's Office, its agents and representatives and any person furnishing information, from any and all liability of every nature and kind arising out of the disseminating and inspection of my records of criminal history.

Signature of Applicant

WCSO RECORDS SECTION
OFFICE HOURS - 8:00 AM TO 4:30 PM
MONDAY, TUESDAY, & THURSDAY, FRIDAY
(EXCLUDING HOLIDAYS)
911 PARR BLVD
RENO, NV 89512
775-328-3017

**WCSO RECORDS SECTION INCLINE
SUBSTATION**
OFFICE HOURS - 8:00 AM TO 1:00 PM & 2:00 PM
TO 5:00 PM
**MONDAY, TUESDAY, WEDNESDAY,
THURSDAY**
(EXCLUDING HOLIDAYS)
625 MOUNT ROSE HWY
INCLINE VILLAGE, NV 89451
775-832-4107