FOR WCSO USE ONLY: MNI #: PERMIT #: TCN #: DATE: PHOTO #: CHILD CARE LIQUOR OTHER:		APPLI K PERMIT / MI	NTY SHERIFF'S OFFI ICATION FOR EDICAL MARIJUAN ORIGINAL	A CARD	S vis * WP	HERIFF RIFF'S OFAC B SHOE COUNT WING SINCE 1861	
NAME:							
LAST			FIRST		MIDDLE		
MAIDEN NAME OR AKA:							
OCIAL SECURITY NUMBER: BIRTHDATE:			TE:	BIRTH PLACE:			
RACE: GEN	DER:	HT:	WT:	HAIR:		EYES:	
STREET ADDRESS:							
	& STREET N		CITY		STATE	ZIP CODE	
MAILING ADDRESS:							
NUMBER	& STREET NA	AME	CITY		STATE	ZIP CODE	
PHONE:	DF	RIVER'S LICENS	SE #:			DL STATE:	
SCARS, MARKS, TATTOOS:							
Have you ever been arrested? Yes	□ No [🗆 If YES, list AI	L arrests including othe	r states, charg	es and disp	osition:	
DATE CHARGE(S	S)	ARRESTING AGENCY	CITY AND STATE		DISPOS	ITION	
US CITIZEN: YES 🗆 NO 🛛	□ IF NO,	COUNTRY OF (CITIZENSHIP:				
ALIEN REG #:			PASSPORT #:				
FOR WCSO USE ONLY: QW			TIBURON CH	ECKED: Y	TES 🗆 N	VO 🗆	

WCSO EMPLOYEE

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.

EMPLOYEE NAME	POSITION/TITLE				
EMPLOYER'S NAME	EMPLOYER'S PHONE NUMBER				
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE		
AUTHORIZED EMPLOYER PRINTED NAME	AUTHORIZED	AUTHORIZED EMPLOYER 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 inform the above employer as to the status of my application.

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