JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

JODIE TONKIN
Deputy Administrator

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS

Public Records Request Form

Date of Request	
Requester Contact Information	
Name:	
Organization:	
Address:	
City, State, Zip Code:	
Phone:	
E-mail:	

Records Requested:	
Select One:	☐ Copies ☐ Electronic copies ☐ Certified Copies ☐ Inspection (in person)
Please describe the records you are requesting. Please be specific and include as much detail as possible regarding the records you are requesting.	
To complete an estimate of the fee for providing a copy of a public record, the agency will need the following information (Select one): ☐ I will pick up records ☐ Please FedEx (FedEx billing number:_____) ☐ Please send USPS ☐ Electronic (if format allows)	

Which Section holds the public records requested?	
Select One:	☐ Mechanical Compliance ☐ Mine Safety and Training ☐ Occupational Safety & Health Administration (NV OSHA) ☐ Safety Consultation & Training ☐ Workers' Compensation ☐ Not sure

Statement:	
I understand that there may be a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over $10.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 14 days. By signing below, I certify that I understand the above conditions related to copies of public records.	
Requester's Signature	_____ Signature

Please submit complete forms to:

Electronically/Online:

1. Mechanical Compliance Section: mcs@dir.nv.gov
2. Mining Safety and Training Section (MSATS): mines@dir.nv.gov
3. OSHA: https://hal.nv.gov/form/NV_OSHA/NV_OSHA_Public_Records_Request
4. Workers' Compensation Section: wcshelp@dir.nv.gov
5. Safety Consultation and Training Section (SCATS):
    a. North: lhendrickson@dir.nv.gov
    b. South: tschultz@dir.nv.gov

Mail/In person:

1. Carson City: 1886 E. College Pkwy, Suite 110, Carson City, NV 89706
2. Las Vegas: 3360 West Sahara Avenue, Suite 250, Las Vegas, Nevada 89102

For Office Use Only:	
Request to Division	
	Date Request Received
	Date Receipt of Request Acknowledgement Issued to Requestor
	Date of Estimated Completion
Response from Division	
$	Cost Estimate for Records (if over $10.00)
	Date Deposit Received
$	Actual Cost for Records (if different from estimate)
	Date Final Payment Received
	Whether Request Denied in Whole or in Part and Basis for Denial
	Date Request Completed
	DIR Section / Employee Completing Request