



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
3360 W. Sahara Avenue, Suite 200
Las Vegas, NV 89102

Public Records Request Form

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

Records Requested:	
Select One:	<input type="checkbox"/> Copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified Copies <input type="checkbox"/> Inspection (in person)
<i>Please describe the records you are requesting. Please be specific and include as much detail as possible regarding the records you are requesting.</i>	
<i>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>	
<input type="checkbox"/> I will pick up records <input type="checkbox"/> Please FedEx (FedEx billing number: _____) <input type="checkbox"/> Please send USPS <input type="checkbox"/> Electronic (if format allows)	

Which Section holds the public records requested?	
Select One:	<input type="checkbox"/> Mechanical Compliance <input type="checkbox"/> Mine Safety and Training <input type="checkbox"/> Occupational Safety & Health Administration (NV OSHA) <input type="checkbox"/> Safety Consultation & Training <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> 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:
<u>Electronically/Online:</u>
<input type="checkbox"/> Mechanical Compliance Section: PFV DUR <input type="checkbox"/> Mining Safety and Training Section (MSATS): lmolson@dir.nv.gov <input type="checkbox"/> OSHA: https://hal.nv.gov/form/NV_OSHA/NV_OSHA_Public_Records_Request <input type="checkbox"/> Workers' Compensation Section: wshelp@dir.nv.gov <input type="checkbox"/> Safety Consultation and Training Section (SCATS): D <input type="checkbox"/> North: lhendrickson@dir.nv.gov E <input type="checkbox"/> South: tschultz@dir.nv.gov
<u>Mail/In person:</u>
<ol style="list-style-type: none"> 1. Carson City: 400 West King Street, Suite 400, Carson City, Nevada 89703 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