



**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: | <input type="checkbox"/> Copies <input type="checkbox"/> Electronic copies <input type="checkbox"/> Certified Copies <input type="checkbox"/> 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: | <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:

Electronically/Online:

1. Mechanical Compliance Section: mcs@dir.nv.gov
2. Mining Safety and Training Section (MSATS): lmolson@dir.nv.gov
3. OSHA: https://hal.nv.gov/form/NV_OSHA/NV_OSHA_Public_Records_Request
4. Workers' Compensation Section: wshelp@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 |