Confidential Address Program Application

*Please mail the **ORIGINAL** completed application to:*

CAP
Post Office Box 2743
Carson City, NV 89702-2743

For CAP Use:

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CAP #

Type of Application: ☐ **NEW** ☐ **Reinstate** ☐ **Other**

APPLICANT'S LEGAL NAME (First, Middle, Last)	**DATE OF BIRTH** (mm/dd/yyyy)	**Drivers License/ID #**
☐ Mr. ☐ Ms.		

Has applicant ever participated in a Confidential Address Program in NV or any other state? ☐ YES ☐ NO

If yes, in what state?

CO-APPLICANT NAME(s) (First, Middle, Last)	**DATE OF BIRTH** (mm/dd/yyyy)	**Relationship to Applicant**
A.		
B.		
C.		
D.		
E.		

APPLICANT MAILING ADDRESS: *(Address where CAP will send the applicant's mail)*

Mailing Address: Apt/Suite #:

City: **, NV** ZIP +4:

***RESIDENCE ADDRESS** (ACTUAL physical street address):

Mailing Address: Apt/Suite #:

City: **, NV** ZIP +4:

* Participant's actual residential address is ***REQUIRED*** to participate in the Confidential Address Program.

WORK NAME AND ADDRESS:

Buisness Name: Address:

City: **, NV** ZIP +4:

CONTACT NUMBERS:

DAY: EVENING: MESSAGE/OTHER:

Which of the above are known to your abuser (circle all that apply) ? ☐ *Residence* ☐ *Mailing* ☐ *Work* ☐ *School*

Do you want to register to VOTE? ◯ Yes ◯ No

If you are presently registered to vote, do you wish to change your voter registration address? ◯ Yes ◯ No

I am (or the applicant for whom I am the parent/gardian is) a victim of ☐ Domestic Violence, ☐ Sexual Assault, ☐ Stalking. I fear for my safety and/or the safety of the applicant on whose behalf this application is made. I understand that knowingly providing false or incorrect information on this application is a misdemeanor and may cause my participation in this program to be cancelled. *I hereby designate the Nevada Secretary of State as my, or the minor or incompetent persons agent for service of process and receipt of mail.*

Signature of Applicant or Parent/Gardian — Date

PRINT CLEARLY - Name of Certified Agency — ( ) Telephone Number *(Agency)*

Signature of Certified Agency Representative

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Reset Form

Questions?
Call CAP (888) 432-6189

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