Confidential Address Program
Checklist for Application

(To be completed by Certified Agency Representative and Applicant)

- ☐ I have received a copy of NRS 217.462 through 217.471 and NRS 293.5002. I have reviewed these documents and have had any questions answered to my satisfaction.
- ☐ I understand that applying under a name other than my legal name could result in denial of CAP privileges at certain agencies if a legal name is required to access those agencies' services.
- ☐ I have been informed that it is my responsibility to initiate all requests for the use of the fictitious address or for name and address confidentiality.
- ☐ I have discussed the impacts of giving personal information, including addresses, to government agencies and private businesses, I understand that such agencies and businesses often share information through computers or other means.
- ☐ I have discussed the limitations of CAP participation when dealing with private companies and initiating services requiring a site address. I understand that it is my responsibility to explore options, which may provide additional security when CAP participation will not be accepted or helpful.
- ☐ I understand that there is a potential for law enforcement to gain access to records held by the Confidential Address Program. I also understand that information may be released upon court order.
- ☐ I have been informed of CAP termination procedures. I understand that the provisions in NRS 217.462 through 217.471 and NRS 293.5002, apply to all participants, and I understand that not complying with NRS 217.468 (3) (a) and (b) may result in termination. I understand that falsifying information on the application or becoming a participant as a criminal subterfuge may result in release of information on the application.
- ☐ I have discussed mailing and voting procedures.
- ☐ I understand that the authorization letter and card that I will receive is important and that I may not expect the use of CAP privileges unless I can produce either form of the authorization letter. I understand that mail sent to me at the fictitious address may be returned to sender if sent under any other name or addressed without my authorization code.
- ☐ I understand that participation may impact my commercial credit history, timely receipt of mail, service of process and emergency medical response.
- ☐ I understand that it is my responsibility to decide when and where to use my participation, and that I may choose not to use the fictitious address or not to request name and address confidentiality.

X _____ Date: _____

Signature of Applicant

I have helped the above applicant in completing the application and have provided initial orientation to the program. I have given the applicant the Network toll free number (800) 500-1556 and the CAP toll free number (888) 432-6189.

X _____ Date: _____

Certified Agency Representative

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Send original to CAP