



DEPARTMENT OF PUBLIC SAFETY / STATE FIRE MARSHAL DIVISION
CHILD CARE INSPECTION REQUEST

Please Print

Facility Name:		Days of Operation:	
Owner/Director Name:		Hours of Operation:	
Physical Address:			
Mailing Address:			
Email Address:			
Facility Phone Number:			
Point of Contact Name:			
Point of Contact Number:			
Facility Type:	<input type="checkbox"/> Family Care <input type="checkbox"/> Group Care <input type="checkbox"/> Child Care Center <input type="checkbox"/> Preschool <input type="checkbox"/> Nursery for Infants and Toddlers <input type="checkbox"/> Child Care Institution <input type="checkbox"/> Temp Facility for Special Event		
License Type:	<input type="checkbox"/> Annual <input type="checkbox"/> Provisional	License Number:	
Total Number of Children on License:			
Children 2 1/2 years or less of above total:			
Reason for Inspection Request:	<input type="checkbox"/> Annual <input type="checkbox"/> Change in services <input type="checkbox"/> Provisional <input type="checkbox"/> Special Event (Temporary Facility) <input type="checkbox"/> Change in number of children <input type="checkbox"/> Construction changes <input type="checkbox"/> New facility		

Please remit \$22.00 for your Certificate of Compliance (C of C) fee when submitting this form. Make check or money order payable to Nevada State Fire Marshal. **PLEASE REMIT FIRE ESCAPE ROUTE PLAN.** Incomplete forms or requests submitted without the required fee will be returned.

Mail Child Care Inspection Request To:

Nevada State Fire Marshal Division
 Attn: Child Care Inspections
 107 Jacobsen Way
 Carson City, NV 89711

Questions, Call:

CofC Office - (775) 684-7531

By signing this inspection request I acknowledge that my facility is complete and ready for occupancy at time of inspection by the Nevada State Fire Marshal Division. If the facility is not ready at time of scheduled inspection, or fails the scheduled inspection, the Nevada State Fire Marshal Division may require that a reinspection fee be paid prior to performing the next scheduled inspection of the facility in order to receive a Certificate of Compliance.

The reinspection rate is \$38.50 per hour or any fraction thereof, including the actual cost of travel, salaries and administrative expenses. (NAC 477.325(4)(d))

 Signature of Owner / Director (As printed above)

 Date