NCIC

NCIC/LOCAL REQUEST CHECK

FBI # _____ **SID # _____**

√ Check One

Criminal History/Felony Screening ☐ **AOC Check ☐**

Charge_____ **IR #_____**

Subject of Inquiry

Name _____ DOB _____
First Middle Last

Address _____

SSN _____ Race _____ Sex

Driver's History ☐ **License Plate Information ☐**

Name _____ **License Plate #_____**

DOB _____ **State**

OLN # _____ **VIN# _____**

Requesting Officer _____ Unit # _____ Contact # _____
Print

Completed by _____ **Date _____**

Revised June 10, 2021