

DCI TRANSACTION REQUEST FORM

Agency: _____
ORI: _____
Officer: _____
OCA: _____
Date: _____
Type: Entry | Clearance | Modification

Reporting Party Information

Name: _____
Address: _____
Phone: _____

ENTRY INFORMATION

Stolen Vehicle | **Stolen License Plate**

Theft Date: _____
Make: _____ Year: _____
Model: _____ Color: _____
VIN: _____
License: _____ State: _____

Stolen Gun

Theft Date: _____
Serial: _____
Type: _____
Model: _____ Caliber: _____

Stolen Article

Theft Date: _____
Serial/OAN: _____
Type: _____
Brand: _____

Wanted Person | **Missing Person**

Date: _____
Name: _____
DOB: _____ Race: _____
Hght: _____ Wght: _____ Sex: _____
Skin: _____
SSN: _____
Offense: _____
Extradition: Full | Limited | None

Stolen Boat

Theft Date: _____
Make: _____ Year: _____
License: _____ State: _____
Hull #: _____
Color: _____ Length: _____

Miscellaneous Information: _____

TELECOMMUNICATIONS USE ONLY

NIC Number: _____
Completed by: _____ ID#: _____
Secondary review: _____ ID#: _____