

Dauphin County Department of Public Safety

Criminal History Request Form

DATE OF REQUEST	REQUESTING AGENCY/ORI		REQUESTING OFFICER	REASON FOR REQUEST	
				I	
NAME (LAST)	FIRST	MIDDLE	SEX RACE DATE	OF BIRTH	
COOLAL OF CURITY NUMBER	ODED A TOD LIGHTING AN IMPRO	'D OTATE			
SOCIAL SECURITY NUMBER	OPERATOR LICENSE NUMBE	R STATE			
					
INFORMATION REQUE	STED				
	<u></u>				
NCIC	0	perator License	Information Inclu	de Pennsylvania Driver History	1
(Wanted/Missing)	_	porato: =iconico		ao i omiogrvama zirvoi inotory	
(Wanteu/Wissing)					
PSP Master Name (PA History) NCIC Interstate Identification Index					
(PA Criminal History) (Nationwide Criminal History)					
JNET Warrant Search					
(Searches CLEAN, AOPC and Domestic Relations)					
Check here to have information faxed back or placed in Department file					
RESULTS (A positive respon	nso will be accompanied by a n	rintout of the informatio	n)		
					
POS/NEG POS/NEG	<u> </u>	<u>PO:</u>	S / NEG		
/ NCIC / Operator License Information / PSP Master Name					
POS / NEG					
/ NCIC Interstate	Identification Index	PA Only	/ JNET Warrant S	earch	
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OPERATOR COMPLETING

FAXED / FILED