

Offline Search Request Form- CIIS 17

Request Form Instructions:

Use This Form For Inquires As Far Back As 1 Year From Current Date

1. Type information into all Fields on this form. Incomplete information may delay your results.
2. Be detailed and specific. Information provided will be used to ensure an accurate search.
3. Form requires two signatures, one for the requestor and a second from your supervisor.
4. Email completed form to ServiceDesk@ncsbi.gov

Date of Request		<i>Hover over any field for Field Help</i> <i>Mandatory fields are bordered in Red or contain an "" asterisk".</i>
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Requesting Agency Information:

*Requesting Agency		*Primary ORI	
*County		*District #	

You may use the first letter of name (keep striking letter key for additional choices) or use the drop down arrow.

Requestors Information:

*Rank or Title		*Name	
*Valid Email		*Phone Number	

Case Information:

Type of Case - Must select one. ☐ Criminal Investigation ☐ Internal Administrative Investigation ☐ Purged Record/NCIC File History ☐ Possible Misuse of DCIN ☐ Other Please explain in detail below.	Case Number	
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***Please provide detailed information concerning the circumstances surrounding this request .** Providing this information will ensure that an effective search can be performed and the information that is returned, is what is needed in your specific situation. If more space is needed, it is acceptable to attach additional documentation.

Search Information

Dates

Times

**Specific Date and Time Frame
to be Searched Must be Within
Past 12 Months of Current Date**

*(From)

*(To)

Identifiers to be Searched: ***Failure to provide all relevant identifiers may result in incomplete results.***

Name

OLN/State

Date of Birth

VIN

Lic. Plate/State

NIC Number

User ID

TID (s)

ORI (s)

Other

If requesting information on another agency's transactions, your request requires detailed justification documentation, a court order, or court subpoena.

Absent such documentation, agency results will not include other agency's transactions.

Certification:

I acknowledge the information requested is for official agency use and a criminal justice/law enforcement purpose. I acknowledge understanding of all applicable regulations and consent to, and agree to abide by and be subject to, including penalties, state, and federal regulations regarding proper use and dissemination of information obtained from this request.

Printed Name, Rank and Signatures

Date

Requestor's Printed Name:

Requestor's Signature:

Agency Head or Supervisor's
Printed Name and Rank

Agency Head's or Supervisor's
Signature:

Print Form

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