



CLEAN/NCIC WORKSHEET

Criminal History

Agency Name		Officer Name	
Agency ORI	Date of Request	Comm Center Inc. #	

Subject Name		Date of Birth	
SSN	PA SID #	FBI#	
Sex	Race	Out of State SID #	Purpose
Requestor's Signature			OLN

Items below completed by Comm Center ONLY

<i>Entered by</i>	<i>ID #</i>	<i>Checked Prior to Entry by</i>	<i>ID #</i>
<i>Date Entered</i>		<i>Time Entered</i>	
<i>Copy of Entry Provided To Requesting Agency</i>		<i>History Exists</i>	
<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>