

MODIFY										NCIC AGENCY IDENTIFIER					WI
*NCIC Number			*Last Name				*First Name			Middle Name		Suffix			
Notify Originating Agency Yes No						Date of Purge									
Sex		Race		Date of Birth		Place of Birth		Height		Weight		Eye Color		Hair Color	
Skintone	Scar/Mark/Tattoo			Fingerprint Classification				FBI Number			Social Security Number				
Miscellaneous Number			Caution/Medical Conditions			Driver License Number				DL State		Expiration			
License Plate Number			Plate State		Expiration		Plate Type		VIN						
Vehicle Year		Vehicle Make				Vehicle Model			Vehicle Style		Color				
DNA Available (Circle One) Yes No		DNA Location													
Miscellaneous Remarks															
Name of Validator								*Operator							

CANCEL										NCIC AGENCY IDENTIFIER					WI
*NCIC Number					*Operator										
*Last Name				*First Name					Middle Name			Suffix			