



<b>MODIFY</b>										<b>NCIC AGENCY IDENTIFIER</b>										<b>WI</b>	
* NCIC Number										*Agency Case Number											
*Last Name					*First Name					Middle Name					Suffix						
Caution/Medical Conditions					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					State Identification Number											
D.L. Number										D.L. State					Expiration						
License Plate Number			Plate State		Expiration		Plate Type		VIN												
Vehicle Year		Vehicle Make					Vehicle Model			Vehicle Style		Color			/						
Court ORI			Bond Amount					Linking Agency Identifier			Linking Agency Case Number										
DNA Available (Circle One) Yes No			DNA Location																		
Miscellaneous Remarks																					
Name of Validator					Agency Unit					*Operator											

<b>CANCEL</b>										<b>NCIC AGENCY IDENTIFIER</b>									
Type of Cancellation (Circle One) Warrant/Temp Misdemeanor Temp.					*System Identification Number					*Agency Case Number									
*Last Name					*First Name					Middle Name					Suffix				
Reason for Record Removal										*Operator									

**ENTER SUPPLEMENTAL**

**NCIC AGENCY IDENTIFIER**

**WI**

*System Identification Number			*Agency Case Number		
*Last Name		*First Name		Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle Name	Suffix
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
License Plate Number	Plate State	Expiration	Plate Type	Operator	

**CANCEL SUPPLEMENTAL**

**NCIC AGENCY IDENTIFIER**

**WI**

*System Identification Number			*Agency Case Number		
*Last Name		*First Name		Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle Name	Suffix
Alias Last Name		Alias First Name		Alias Middle name	Suffix
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
Alias Date of Birth	Scar/Mark/Tattoo		Social Security Number		Miscellaneous Number
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
D.L. Number		D.L. State	Expiration	Caution/Medical Conditions	
License Plate Number	Plate State	Expiration	Plate Type	*Operator	