



# Dauphin County Department of Public Safety

## Criminal History Request Form

DATE OF REQUEST	REQUESTING AGENCY/ORI	REQUESTING OFFICER	REASON FOR REQUEST

NAME (LAST)	FIRST	MIDDLE	SEX	RACE	DATE OF BIRTH

SOCIAL SECURITY NUMBER	OPERATOR LICENSE NUMBER	STATE

### INFORMATION REQUESTED

**NCIC**  
*(Wanted/Missing)*

**Operator License Information**      **Include Pennsylvania Driver History**

**PSP Master Name (PA History)**  
*(PA Criminal History)*

**NCIC Interstate Identification Index**  
*(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 response will be accompanied by a printout of the information)*

POS / NEG                      POS / NEG    POS / NEG  
 /    **NCIC**                      /    **Operator License Information**                      /    **PSP Master Name**

POS / NEG    POS / NEG  
 /    **NCIC Interstate Identification Index**    **PA Only**                      /    **JNET Warrant Search**

**OPERATOR COMPLETING**                      **FAXED**    /    **FILED**