

PLEASE TYPE ALL INFORMATION

STATE OF NEW YORK
 DIVISION OF CRIMINAL JUSTICE SERVICES
 BUREAU OF IDENTIFICATION & CRIMINAL HISTORY OPERATIONS
 EXECUTIVE PARK TOWER STUYVESANT PLAZA
 ALBANY NEW YORK 12203 3764
 518 457 6051 1541

CORRESPONDENCE INQUIRY		INSTRUCTIONS This form is to be used when a fingerprint card is not possible Shaded boxes are required data elements Item D INDICATE SPECIFIC PURPOSE FOR INQUIRY							
A. DATE <input checked="" type="checkbox"/>		B. REQUEST FOR <input checked="" type="checkbox"/> <input type="checkbox"/> CRIMINAL RECORD <input type="checkbox"/> OTHER (SPECIFY) <u>ARSON BACKGROUND</u>		C. REQUESTING AGENCY (NAME, ADDRESS & TELEPHONE NO.) <input checked="" type="checkbox"/>		D. REASON FOR REQUEST & CASE # <input checked="" type="checkbox"/> <u>MEMBERSHIP</u>			
1. NYSID NO.		2. NAME (LAST, FIRST, MIDDLE) <input checked="" type="checkbox"/>		3. ADDRESS (LAST KNOWN) <input checked="" type="checkbox"/>					
4. NICKNAME		5. ALIAS AND/OR MAIDEN NAME <input checked="" type="checkbox"/>		6. SEX <input checked="" type="checkbox"/> M F		7. RACIAL APPEARANCE <input checked="" type="checkbox"/> White Black Am Indian Japan China Other			
8. SKIN TONE <input checked="" type="checkbox"/> Light Medium Dark		9. HEIGHT <input checked="" type="checkbox"/> Ft. In		10. DATE OF BIRTH <input checked="" type="checkbox"/> Mo Day Yr		11. AGE <input checked="" type="checkbox"/>		12. PLACE OF BIRTH <input checked="" type="checkbox"/>	
13. AGENCY ORI NO.			14. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>			15. FBI NO.			
16. DCJS AGENCY CODE NO.			C O N T R O L D A T A			17. NAME OF REQUESTING OFFICER <input checked="" type="checkbox"/>			
16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODDITIES ETC.)						18. AUTHORIZED BY (SIGNATURE) <input checked="" type="checkbox"/>			
						19. TITLE <input checked="" type="checkbox"/>			
DATE _____									
<input type="checkbox"/> NO CRIMINAL RECORD IN NEW YORK STATE			<input type="checkbox"/> RECORD ATTACHED <input checked="" type="checkbox"/>			<input type="checkbox"/> OTHER (SEE REMARKS)			
<input checked="" type="checkbox"/> This response is based on other than fingerprint identification									