

# REQUEST FOR ADD, CHANGE, OR DELETION TO ARREST INFORMATION

TO: DEPARTMENT OF PUBLIC SAFETY & FEDERAL BUREAU OF INVESTIGATION—RECORDS BUREAUS 775-684-6262 FAX: 775-684-6294

DATE: \_\_\_\_\_ AGENCY ORI: \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

REQUEST FOR: **\*\*CHOOSE ONLY ONE\*\***      ADD NEW       CHANGE EXISTING

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last)                      (First)                      (Middle)                      (MM/DD/YYYY)

SID# \_\_\_\_\_ STATE PCN# \_\_\_\_\_ FBI# \_\_\_\_\_ DOA: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

### ADD CHARGE:

1. NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
2. NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
3. NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F

### CHANGE INFORMATION:

1. CHARGE AS LISTED: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F   
CHANGE TO: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
2. CHARGE AS LISTED: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F   
CHANGE TO: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
3. NAME: AS LISTED \_\_\_\_\_ CHANGE TO \_\_\_\_\_
4. AOI: AS LISTED \_\_\_\_\_ CHANGE TO \_\_\_\_\_
5. OCA: AS LISTED \_\_\_\_\_ CHANGE TO \_\_\_\_\_
6. DESCRIPTORS: AS LISTED \_\_\_\_\_ CHANGE TO \_\_\_\_\_
7. SSN: AS LISTED \_\_\_\_\_ CHANGE TO \_\_\_\_\_

**DELETE CHARGE:**      DELETE REQUEST FOR: **\*\*Choose Only One\*\***      ENTIRE SINGLE ARREST RECORD       INDIVIDUAL CHARGE(S)

DATE OF ARREST: \_\_\_\_/\_\_\_\_/\_\_\_\_      PCN: \_\_\_\_\_  
(MM/DD/YYYY)

### IF DELETING SINGULAR CHARGES:

1. CHARGE AS LISTED: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
2. CHARGE AS LISTED: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F
3. CHARGE AS LISTED: NOC \_\_\_\_\_ LITERAL CHARGE \_\_\_\_\_ SEVERITY: M  G  F

Official Authorizing Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Official Authorizing Document: \_\_\_\_\_

State Official Authorizing Request: \_\_\_\_\_

(Print or Type Name)

Signature of State Official: \_\_\_\_\_