

PLEASE TYPE ALL INFORMATION

DCJS-9(3/99)

STATE OF NEW YORK
 DIVISION OF CRIMINAL JUSTICE SERVICES
 BUREAU OF IDENTIFICATION & CRIMINAL HISTORY OPERATIONS
 4 TOWER PLACE
 ALBANY, NEW YORK 12203-3764
 518-457-6051 (54)

SHERIFF DEPARTMENT

CONTROL NO.

1-20

CORRESPONDENCE INQUIRY		INSTRUCTIONS		This form is to be used only when a fingerprint card is not possible Shaded boxes are required data elements. Item D - INDICATE SPECIFIC PURPOSE FOR INQUIREY	
A. DATE:					
B. REQUEST FOR <input checked="" type="checkbox"/> Criminal Record <input checked="" type="checkbox"/> Other (Specify)		C. REQUESTING AGENCY (NAME, ADDRESS & TELEPHONE NO.) A.E. CRANDALL HOOK & LADDER P.O. BOX 582 4 SOUTH MAIN STREET ALFRED NY 14802		D. REASON FOR REQUEST & CASE NUMBER FIREFIGHTER ARSON CHECK	
FIREFIGHTER					
ARSON CHECK					
1. NYSID NO.		2. NAME (LAST, FIRST, MIDDLE)		3. ADDRESS (LAST KNOWN)	
4. NICKNAME		5. ALIAS AND/OR MAIDEN NAME		6. SEX M F	
				7. RACIAL APPEARANCE White Black Am. Indian Japan Chin. Ot	
8. SKIN TONE Light Medium Dark		9. HEIGHT Ft. In.		10. DATE OF BIRTH Mo. Day Yr.	
				11. AGE	
				12. PLACE OF BIRTH	
13. AGENCY ORI NO.		14. SOCIAL SECURITY NO.		15. FBI NO.	
16. DCJS AGENCY CODE NO.				17. NAME OF REQUESTING OFFICER	
				18. AUTHORIZED BY (SIGNATURE)	
16A. ADDITIONAL DATA (KNOWN CRIMINAL ACTIVITY, PHYSICAL ODITIES, ETC.)				19. TITLE CHIEF	

INPUT DATA

CONTROL DATA

DCJS USE ONLY

RESULT OF THE INQUIRY

DATE _____

NO CRIMINAL RECORD

RECORD ATTACHED

1

OTHER (SEE REMARKS)

REMARKS:

CB-2 LOG NUMBER: _____

DATE RUN: _____

1 This response is based on other than a fingerprint identification