CORRECTION NOTICE

WSP USE: MICROFILM

SID No. _____

Date: _____

Attention:
☐ Washington State Patrol

DOA _____

Key Stamp _____

SID No.: _____

☐ FBI Ident.-FBI No.: _____

TCN: _____   **PCN:** _____

Master Card ☐   RAP ☐

A - INFORMATION PREVIOUSLY SUBMITTED

PERSON DETAILS:

Subject Fingerprinted: _____

    (Last Name)   (First Name)   (Middle Name)   (Suffix)

Date of Birth: _____   Social Security No. _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eye: _____

Alias: _____

ARREST DETAILS:

Contributing Agency: _____ Date of Arrest: _____ Date of Offense: _____

PCN: _____ LID: _____ OIN: _____

Offense: _____

Originating Agency: _____ RCC: _____ Disposition Responsibility: _____

Comments _____

(Be specific: other case #, warrant #, agency, and citation #, etc.)

☐ **Correct to Read**   ☐ **Add**   ☐ **Deceased**   ☐ **Delete**

Reason for deletion or date of death: _____

B - CORRECT INFORMATION TO READ

PERSON DETAILS:

Subject Fingerprinted: _____

    (Last Name)   (First Name)   (Middle Name)   (Suffix)

Date of Birth: _____   Social Security No. _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eye: _____

Alias: _____

ARREST DETAILS:

Contributing Agency: _____ Date of Arrest: _____ Date of Offense: _____

PCN: _____ LID: _____ OIN: _____

Offense: _____

Originating Agency: _____ RCC: _____ Disposition Responsibility: _____

Comments: _____

(Be specific: other case #, warrant #, agency, and citation #, etc.)

Correction Submitted By:

Name: _____

Telephone No. _____

Submitting Agency and Address:

_____
_____
_____
_____

3000-240-007 (R 9/09)