SEX OFFENDER SUPPLEMENTAL WORKSHEET

Bold is a mandatory field.

Originating Agency Identifier	**ORI**		Occupation	OCP	
NCIC Number	**NIC**			OCP	
Agency Case Number	**OCA**			OCP	
Alias	AKA		Professional License Number	PLN	
	AKA			PLN	
	AKA			PLN	
Date of Birth	DOB		Professional License Type	PLT	
	DOB			PLT	
	DOB			PLT	
Scars, Marks, Tattoos	SMT		School Name	SHN	
	SMT			SHN	
	SMT			SHN	
Social Security Number	SOC		Relationship to Victim	ROV	
	SOC			ROV	
	SOC			ROV	
Status	OFS		Victim Age	AOV	
	OFS			AOV	
	OFS			AOV	
Miscellaneous Number	MNU		Victim Gender	SOV	
	MNU			SOV	
	MNU			SOV	
Caution/Medical Conditions	CMC		Operator's License Number	OLN	
	CMC			OLN	
	CMC			OLN	
Citizenship	CTZ		Operator's License State	OLS	
	CTZ			OLS	
	CTZ			OLS	
State ID Number	SID		Expiration Year	OLY	
	SID			OLY	
	SID			OLY	
Telephone Number	TNO		License Number	LIC	
	TNO			LIC	
	TNO			LIC	
Telephone Type	TNT		License State	LIS	
	TNT			LIS	
	TNT			LIS	
Email	EML		License Year	LIY	
	EML			LIY	
	EML			LIY	
Internet Indentifiers	IID		License Type	LIT	
	IID			LIT	
	IID			LIT	
Employer Name	EMP		Vin	VIN	
	EMP			VIN	
	EMP			VIN	

continued....					
Vehicle Year	VYR		Hull Shape	HSP	
	VYR			HSP	
	VYR		Home Port	HPT	
Vehicle Make	VMA			HPT	
	VMA		Boat Name	BNM	
	VMA			BNM	
Vehicle Model	VMO		Coast Guard Number	CGD	
	VMO			CGD	
	VMO		Boat Color	BCO	
Vehicle Style	VST			BCO	
	VST		Address Type	ADD	
	VST			ADD	
Vehicle Color	VCO			ADD	
	VCO		Beginning Date	BDA	
	VCO			BDA	
Vehicle Ownership	VOW			BDA	
	VOW		Ending Date	EDA	
	VOW			EDA	
Boat Registration Number	REG			EDA	
	REG		Street Number	SNU	
Boat Registration State	RES			SNU	
	RES			SNU	
Boat Registration Year	REY		Street Name	SNA	
	REY			SNA	
Boat Hull Number	BHN			SNA	
	BHN		City Name	CTY	
Boat Year	BYR			CTY	
	BYR			CTY	
Boat Make	BMA		State	STA	
	BMA			STA	
Boat Type	BTY			STA	
	BTY		Zip Code	ZIP	
Boat Length	BLE			ZIP	
	BLE			ZIP	
Boat Model	BMO		County	COU	
	BMO			COU	
Propulsion	PRO			COU	
	PRO				
Hull	HUL				
	HUL				
		ENTRY AND SECOND PARTY CHECK			
Date Received			Officer/Agency		
Date of Entry			Operator		
Date of Second Party Check			Operator		
Modify Date			Operator		
Clear or Cancel Date			Operator		
PACK THE RECORD !!! KEEP ALL DOCUMENTATION, INCLUDING THIS WORKSHEET, IN THE CASE FILE					
CHECK EACH OF THE FOLLOWING: DMV_____III_____KS CCH_____OTHER STATES CCH_____BOOKING SHEETS_____					
Revised: 1-14-13					