



CORRECTION NOTICE

WSP USE: MICROFILM

Date: _____ **Attention:** Washington State Patrol

SID No.: _____ FBI Ident.-FBI No.: _____

TCN: _____ PCN: _____

SID No. _____

DOA _____

Key Stamp _____

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:

