



OFF-LINE SEARCH REQUEST

AGENCY NAME	ORI	DATE OF REQUEST
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ADDRESS	CITY	STATE	ZIP
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TITLE OF REQUESTOR		NAME OF REQUESTOR	
PHONE #	EXTENSION	CELL PHONE #	FAX #
E-MAIL ADDRESS		SEND SCAN RESULTS TO ORI	

IS THIS A POSSIBLE LEADS VIOLATION? IF YES, THE FOLLOWING SHALL BE PROVIDED <input type="checkbox"/> Yes <input type="checkbox"/> No		LEADS AR #*
TITLE / POSITION*	NAME OF SUSPECTED VIOLATOR*	OLN OF SUSPECTED VIOLATOR*
PRIMARY AGENCY INVOLVED (if different from above)		ORI OF PRIMARY AGENCY INVOLVED
DETAILED EXPLANATION OF ALLEGED VIOLATION (REQUIRED)		

*Information is required if known

SCAN START DATE	SCAN END DATE	CASE / REPORT #	SUBJECT'S NAME*
OLN*		SSN*	DOB*
LICENSE PLATE*		STATE REGISTERED*	VIN*
NIC #*		LID #*	OCA #*

DETAILED REASON FOR SCAN / WHAT INFORMATION IS NEEDED (REQUIRED)
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*Information only needed if pertinent to scan request.

IF THIS IS A RUSH REQUEST, DATE NEEDED	SIGNATURE X
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This form MUST be submitted along with your agency's letterhead coversheet. Fax your request to (614) 995-1230. If you have any questions, please call us at (614) 466-2754.