



**Montgomery County Department of Public Safety  
CLEAN/NCIC Entry Form**

**Wanted Person**

Date of Violation (JUV Only)

**Wanted Person**

**Temporary Felony**

**Juvenile**

**Caution**

|                |                   |                   |              |               |
|----------------|-------------------|-------------------|--------------|---------------|
| Date of Report | Police Department | Reporting Officer | Badge Number | Report Number |
|                |                   |                   |              |               |

**Fields marked with an Asterisk\* are Mandatory.**

|              |       |              |          |          |              |             |
|--------------|-------|--------------|----------|----------|--------------|-------------|
| * Name (NAM) | * Sex | * Race (RAC) | * Height | * Weight | * Hair Color | * Eye Color |
|              |       |              |          |          |              |             |

|   |                         |                           |
|---|-------------------------|---------------------------|
| * Offense(s) / Descriptions - If FTA - List Original Offense in MIS | * Date of Warrant (DOW) | * Extradition Limitations |
|   |                         |                           |

|                       |                      |                        |                  |
|-----------------------|----------------------|------------------------|------------------|
| * Date of Birth (DOB) | Soc Sec Number (SOC) | * Warrant Number (WNO) | FBI Number (FBI) |
|                       |                      |                        |                  |

**At least one of the next 3 sets of fields (1, 2 or 3)**

|                                     |           |          |                   |           |             |                  |
|-------------------------------------|-----------|----------|-------------------|-----------|-------------|------------------|
| 1a. Operator's License Number (OLN) | 1b. State | 1c. Year | 2a. License Plate | 2b. State | 2c. Expires | 2d. License Type |
|                                     |           |          |                   |           |             |                  |

|   |                |                |                 |                 |                 |
|---|----------------|----------------|-----------------|-----------------|-----------------|
| 3a. Vehicle Identification Number (VIN) | 3b. Year (VYR) | 3c. Make (VMA) | 3d. Model (VMO) | 3e. Style (VST) | 3f. Color (VCO) |
|   |                |                |                 |                 |                 |

|                      |                   |                 |                 |
|----------------------|-------------------|-----------------|-----------------|
| Place of Birth (POB) | Citizenship (CTZ) | Ethnicity (ETN) | Skin tone (SKN) |
|                      |                   |                 |                 |

|   |                    |
|---|--------------------|
| Scars, Marks, Tattoos and other characteristics (SMT) | Last Known Address |
|   |                    |

|                     |
|---------------------|
| Miscellaneous (MIS) |
|                     |

| CASE USE ONLY                  |      |      |     |
|--------------------------------|------|------|-----|
| Dispatcher Initials / Number   | Date | Time | OCA |
|                                |      |      |     |
| Checked By - Initials / Number | Date | Time |     |
|                                |      |      |     |

**\*\*\*Print Legibly or Type All Information\*\*\***

**Fax completed forms to 610-631-6539 for entry.**

Form can be emailed to [Mcentries@montcopa.org](mailto:Mcentries@montcopa.org)