SUPPLEMENTAL GANG & TERRORIST MEMBER WORKSHEET

Wisconsin Department of Justice
DJ-LE-280A (Rev 1/06)

ENTER SUPPLEMENTAL — NCIC AGENCY IDENTIFIER WI

*NCIC Number	*Last Name	*First Name	Middle Name	Suffix

Alias Last Name	Alias First Name	Alias Middle Name	Suffix

Alias Date of Birth	Scar/Mark/Tattoo	Social Security Number	Miscellaneous Number

D.L. Number	D.L. State	Expiration

License Plate Number	Plate State	Expiration	Plate Type	VIN

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Style	Color
				/

Caution/Medical Conditions	*Operator

CANCEL SUPPLEMENTAL — NCIC AGENCY IDENTIFIER WI

*NCIC Number	*Last Name	*First Name	Middle Name	Suffix

Alias Last Name	Alias First Name	Alias Middle Name	Suffix

Alias Date of Birth	Scar/Mark/Tattoo	Social Security Number	Miscellaneous Number

D.L. Number	D.L. State	Expiration

License Plate Number	Plate State	Expiration	Plate Type	VIN

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Style	Color
				/

Caution/Medical Conditions	*Operator

Completed by:	Name	Verification	Date	Reason
Enter				
Cancel				