

**York County Department of Emergency Services
CLEAN/NCIC Entry Form**

Stolen License Plate

DATE OF REPORT	POLICE DEPARTMENT	REPORTING OFFICER AND BADGE NUMBER	POLICE INCIDENT NUMBER	OCA

FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY

*1. LICENSE NUMBER (LIC)	*2. LICENSE STATE (LIS)	*3. LICENSE YEAR (LIY)	*4. LICENSE TYPE (LIT)

*5. DATE OF THEFT (DOT)	6. MISCELLANEOUS (MIS)

7. OWNER'S NAME _____

8. ADDRESS _____

DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY			
Initials & Disp Number	Date	Entry faxed back? Yes or No	
Was entry checked for accuracy? Yes or No	Initials & Disp Number	Date	

*****PRINT LEGIBLY OR TYPE ALL INFORMATION*****

When completed, fax this form to **717-840-7553** for entry. No OCA (originating agency case number) will be issued until this form is received and the information entered into CLEAN/NCIC. (REVISED MAY 2005)