

ARKANSAS CRIME INFORMATION CENTER

VALIDATION COMPLIANCE WORKSHEET

Date entered: _____ NIC: _____

| | | | |
|--|--|---------------------|--|
| Validation Date: | | Validation Officer: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No All information in ACIC/NCIC matches case file information. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No ACIC/NCIC record contains all possible information from case file & III queries | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted: Status of record verified by contact with complainant/court If no or attempted, explain: _____ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Extradition status unchanged | | | |
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