WVSP FORENSIC LABORATORY NIBIN BY APPOINTMENT INFORMATION REQUEST FORM (NIRF)

Submitting Agency:						Contact Name:					
Contact Phone #:						Contact Email:					
l understand ti	nat all process	sing for DN	A and Laten	t Prints mu	ıst be do	one <i>PRIOR</i> to NIBIN	lnitials:	Date:			
Notes:											
SUBMIT FIREARMS (TEST FIRES) & CARTRIDGE CASES / SHOTSHELLS FIRED IN SEMIAUTOMATIC PISTOLS/RIFLES/SHOTGUNS All information requested below is required if known.									LAB USE ONLY		
Agency Case #:	Criminal Offense:	Crime Date:	Date Item Recovered:	Item #: (For test fires, list firearm #)	Caliber:	Evidence Type / Qty: List as firearm, test fires, or cartridge case	If Providing Test Fires or a Record below: Make, Mode Number, Country of Origin, State (if marked on firearm)	l, Serial Importer, &	Ente Yes	ered No	
48 hours in advar On the below date evidence remained	nce in order to so e, you brought e d under your cust ill be automatical	ecure your ap vidence cartric ody and contro	poⁱntment. Ige cases, firea I at all times. <i>A</i>	arms, and/or A letter/report	tests spec will not be	ifically for entry into the issued for these entries	r appointment. This form in a National Integrated Ballists. This paperwork will serve Should any leads be develo	ic Information I as your notifica	Networi ation of	k. All entry.	
Officer'	s Name (Print)					NIBIN Personnel's Name (Print)					
Officer's Signature (COMPLETE SIGNATURE AT APPOINTMENT)			Date			NIBIN Personnel's Signature			Date		

NIBIN – NIBIN NIRF Approval Date: 12/28/2020 Approved By: WVSPFL Quality Assurance Board Page **1** of **1** Effective Date: 01/01/2021 Version: 01/01/2021