



PRVI HIDTA Crime Gun Intelligence Center
 Metro Office Park, Street 1
 Triple S Advantage Building, Lot 18
 Guaynabo P.R. 00968-1748
 Main Phone: (787)945-4713
 E-mail: cgicrequest@prvihidta.org



PR-VI HIDTA CGIC REQUEST FORM

(CHECK ONE) ROUTINE PRIORITY (List why in notes) **Date:** _____

Requestor's/POC Name & Title:	Badge/CCN Number:	Phone/Cell Number:
E-Mail:	Supervisor's Name & Title:	Phone/Cell Number:
Agency Name:	Agency Address:	City, State:
Agency Case Number (Mandatory) &/or Operation Name:	Criminal Offense:	HIDTA Initiative:
Notes:		Agency's ORI Code:

Firearm Information

Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:		Importer:
Recovery of Firearm Date:		Address/Location of Recovery:	

Available Services

Firearm Tracing	Test Fire/Operability	N.I.B.I.N Entry
* Appointments will be Monday-Friday 9:00am-4:00pm. * Investigator will retain custody of firearms.		

FOR CGIC USE ONLY

Service	Details	Processed/Entered By	Date

Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	
Firearm Information			
Firearm Type:	Serial #:	Model:	Caliber:
Firearm Manufacturer:	Firearm Manufacturer City & State:	Importer:	
Recovery of Firearm Date:		Address/Location of Recovery:	