RN	REQUEST TYPE QH/QR	III REQUESTER	DATE OF REQUEST	SUBJECT LAST, FIRST MI	FBI	DOB YYYY-MM-DD	SSN 123-45-6789	PASSPORT NUMBER IF SSN NOT APPLICABLE	PUR CODE C/ J/ F/ H/ D	SPECIFIC REASON FOR III REQUEST LIST ASSOCIATED INVESTIGATION AND INDICATE IF QUERY MADE AT TIME OF ARREST
1	QH								C	MG-Base Access
2	QH								C	MG-Base Access
3	QH								C	MG-Base Access
4	QH								C	MG-Base Access
5	QH								C	MG-Base Access
6	QH								C	MG-Base Access
7	QH								C	MG-Base Access
8	QH								C	MG-Base Access
9	QH								C	MG-Base Access
10	QH								C	MG-Base Access
11	QH								C	MG-Base Access
12	QH								C	MG-Base Access
13	QH								C	MG-Base Access
14	QH								C	MG-Base Access
15	QH								C	MG-Base Access
16	QH								C	MG-Base Access
17	QH								C	MG-Base Access
18	QH								C	MG-Base Access
19	QH								C	MG-Base Access
20	QH								C	MG-Base Access
21	QH								C	MG-Base Access
22	QH								C	MG-Base Access
23	QH								C	MG-Base Access
24	QH								C	MG-Base Access
25	QH								C	MG-Base Access
26	QH								C	MG-Base Access
27	QH								C	MG-Base Access
28	QH								C	MG-Base Access
29	QH								C	MG-Base Access
30	QH								C	MG-Base Access