


CHARLOTTE – MECKLENBURG POLICE DEPARTMENT <i>Crime Lab / Firearms Section</i>		Date Completed	Complaint #
Serial Number Restoration Worksheet	Date Rec'd		Firearms #
Item #			

Method of Obliteration: _____ Location of Obliteration: _____

S/N Surface Magnetic: ☐Yes ☐No S/N Structure Reference: _____

Characters Observed as received: ☐ None Observed “Before” photo taken: ☐Yes ☐No

Surface Preparation: ☐Yes ☐No Method of Preparation: ☐ Cleaned with _____ ☐ Polished

Sequence of Methods/Results

Surface Bubbles/Darkens?	Method /Etchant Used:	Result:	Photo(s) Taken:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes/Comments:
NCIC check:
N
Y
No Hit
Hit (attach/list hit info)