

TEXAS DEPARTMENT OF PUBLIC SAFETY NARCOTICS SERVICE

REPORT OF THEFT, LOSS OR SUSPICIOUS ORDER OF PRECURSOR
CHEMICAL/LABORATORY APPARATUS

Permit holders shall complete this form in compliance with the Texas Health and Safety Code, Chapter 481.077 (j), 481.080 (k), and 481.0771 (c).

A. General Information

Business Name: _____

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____

Telephone # (_____) _____ Permit #: _____

Date: _____ Check One: Theft: _____ Loss: _____ Suspicious Order: _____

B. Theft or Loss

Was the theft reported to police agency? Yes: _____ No: _____

Name and address of police agency: _____

Type of theft (night break-in, armed robbery, employee theft, customer pilferage, etc.): _____

List identifying marks, symbols, or price codes on lost or stolen items: _____

Describe security measures in place to prevent future thefts: _____

C. Suspicious Order

Name of Business placing order: _____

Name of person (if known): _____

Permit #: _____

New Account? Yes: _____ No: _____ Date of Order: _____

List the items ordered on the reverse side or attach invoice.

COMPLETE AND SIGN REVERSE SIDE

Mail original to: PRECURSOR CHEMICAL LABORATORY APPARATUS SECTION MSC-0433,
TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, Austin TX 78773-0433

LIST OF PRECURSOR CHEMICALS/LABORATORY APPARATUS LOST OR STOLEN

Chemical	Quantity	Apparatus	Quantity

For suspicious orders please explain any unusual circumstances associated with this order.

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Printed Name

Date Signed