Texas Department of Public Safety
Regulatory Services Division
www.dps.texas.gov

• *MUST USE MOST **CURRENT** FORM*

REGULATORY CRIMES SERVICE

INVESTIGATIVE INFORMATION REQUEST

Name:	Badge #:	
Agency:	Contact Number:	
Mailing Address:	E-Mail:	
City:	State	ZIP:
CASE TYPE: *(check one)* ○ **CHL** ○ **Controlled Substances** ○ **Metals** ○ **Private Security** ○ **Vehicle Inspection**		
CASE NUMBER:	CONFIDENTIAL (Narcotics): ○ No ○ Yes	
INVESTIGATIVE SYNOPSIS:		

SUBJECT / ENTITY	ALIASES	DOB / RACE / SEX / IDENTIFYING NUMBERS	ADDRESS

INFORMATION REQUESTED: *(check all that apply)*

○ Photo
○ Line-up
○ TWC
○ Driver License History
○ Criminal History
○ Wanted Check
○ MVD
○ Intelligence Check
○ Public Source Data
○ Registration / License (CHL, Nar, MRB, PSB, VI)
○ Other _____

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○ Patient RX History (Schedule II-V)

○ Prescribing History (Schedule II-V)
○ PDF ○ Excel (not certifiable)

○ Dispensing History (Schedule II-V)
○ PDF ○ Excel (not certifiable)

I certify the above information I requested will be used in compliance with all applicable Local, State and Federal Laws.

SIGNATURE OF REQUESTOR: _____ **DATE OF SIGNATURE:** _____

Submission and contact information:
P.O. Box 4087, Austin, Texas 78773
(512) 424-7293 | RSDCriminal@dps.texas.gov

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This Section for Internal Use Only

Staff Assigned:	By:	Date Completed:	☐ USPS ☐ E-Mail