

**DPS IDENTIFICATION SUPPLIES
ORDER FORM**

CR-12 (Rev. 1/09)



TO: CRIME RECORDS SERVICE
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4143
AUSTIN TX 78765-4143

Date: _____

Please furnish the following supplies:

FORM NUMBER	DESCRIPTION	#PER PACKAGE	QUANTITY
CR-6	DPS Applicant Fingerprint Card*	250 per package	
CR-12	DPS Identification Supplies Order Form	100 per pad	
CR-23	Out of State Probation; Parole Supervision Fingerprint Card	single cards	
CR-26	Death Notice Form	100 per pad	
CR-42	Request for Criminal History Check	100 per pad	
CR-43	Adult Criminal History Reporting Form With Preprinted TRN and Fingerprint Card Attached*	100 per package	
CR-43	Adult Criminal History Reporting Form With Fingerprint Card Attached*	100 per package	
CR-43J	Juvenile Criminal History Reporting Form With Preprinted TRN and Fingerprint Card Attached*	100 per package	
CR-43J	Juvenile Criminal History Reporting Form With Fingerprint Card Attached*	100 per package	
CR-43P	Adult Probation Supervision Reporting Form With Preprinted TRN and Fingerprint Card Attached*	200 per package	
CR-43P	Adult Probation Supervision Reporting Form With Fingerprint Card Attached*	200 per package	
CR-44	Adult Supplemental Reporting Form	100 per package	
CR-44J	Juvenile Supplemental Reporting Form	100 per package	
CR-44S	Adult Supplemental Court Reporting Form	100 per pad	
CR-45	Adult DPS Fingerprint Card*	250 per package	
CR-45J	Juvenile DPS Fingerprint Card*	250 per package	
FD-249	FBI Arrest & Institution Fingerprint Card (Felony Card)*	500 per package	
FD-258	FBI Applicant Fingerprint Card*	500 per package	
FD-353	FBI Personal Identification Fingerprint Card*	500 per package	
R-84	FBI Final Disposition Notice	500 per package	
	Fingerprint Card Return Envelopes (For arresting agencies only)	100 per box	

*DPS does not pre-stamp the agency ORI on any fingerprint card
+Overnight services are available at ordering agency's expense

AGENCY _____

STREET ADDRESS _____

NOTE: Please order minimum of three months supply.
**Please submit your order at least 4 weeks
prior to depletion of your supplies.**

CITY _____ STATE _____ ZIP _____

ATTENTION _____

NOTICE: Provide a complete shipping address.
PO Boxes are acceptable

PHONE # () _____

Direct questions concerning supply orders to (512) 424-2367
Fax# (512) 424-5599