

**APPLICANT CLEARANCE CARD TEAM (ACCT)
SUPPLY ORDER FORM
Telephone #: (602) 223-2279**

NOTE: Please destroy any OLD ORDER FORMS with a revision date prior to 05-2010.

Date: _____ **Please allow 3-4 weeks for processing.**

MAIL to the ATTENTION of: _____ PHONE #: _____

AGENCY NAME: _____

AGENCY MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COMMENTS: _____

FAX completed form to: (602) 223-2947

OR

MAIL completed form to:

Arizona Department of Public Safety

P.O. Box 18390

Phoenix, AZ 85005-8390

BOX 1

Order **IDENTITY VERIFIED FINGERPRINT (IVP)** supplies in **THIS** box for:

- Individuals applying for certification through the AZ State Board of Education under ARS 15-534
- Charter School Instructors under ARS 15-183
- Tutors and Teacher Prep Programs under ARS 13-534

Please limit your order to a 90 day supply since the application forms are subject to change.

Circle amount requested:

IDENTITY VERIFIED PRINTS APPLICATION (DPS # 802-07263) ----- 25 50 100 200

Note: If a supplement to the application is included with your order, you will need to make a copy to go with each application distributed.

FINGERPRINT CARDS ----- 25 50 100 200

POSTAGE PAID ENVELOPES ----- 25 50 100 200

Note: Postage paid envelopes are only to be ordered for individuals submitting Identity Verified Fingerprint applications mailed within the United States.

BOX 2

Order **REGULAR APPLICATION** supplies in **THIS** box.

Please limit your order to a 90 day supply since the application forms are subject to change.

Circle amount requested:

REGULAR APPLICATION FORMS (DPS #802-06857) ----- 25 50 100 200

Note: If a supplement to the application is included with your order, you will need to make a copy to go with each application distributed.

FINGERPRINT CARDS ----- 25 50 100 200

REGULAR RETURN ENVELOPES ----- 25 50 100 200

FOR ACCT USE ONLY:

ORDER REQUEST RECEIVED: _____ ORDER MAILED: _____
(Date / Badge) (Date / Badge)