(SEE INSTRUCTIONS ON REVERSE)						1. DATE: 2. REQUISITION#:			
						4. TO: DEPARTME UNITED STA WESTERN F 5160 RICHT MONTCLAI	5. FROM:		
FORM #	REV. DATE		19-7254 TITLE OF FOR	M I	QUANTIT	ΓV	QTY SHIPPED	ACTION CODE	
6	7		8		9		10	11	
							-		
12. NAME OF REQUISITIONER			13. TITLE OF REQUISITIONER		14. TE	14. TELEPHONE NUMBER			
	15. K	CTION CODES	S R			RECEIVED BY (TELEPHONE ORDERS)			
B-NOT IN STOCK - BACK ORDERED			3. CANCELED - UNABLE TO IDENTIFY			DATE RECEIVED			
1. CANCELED FORM			4. COMPLETED			COMPLETED BY			
2. CANCELED - NOT STOCKED			5. OTHER			DATE COMPLETED			
COMMENTS:						FCW CONTROL NUMBER			

INSTRUCTIONS FOR COMPLETING FORM FC-658

Item 1 -	Enter date prepared.						
Item 2 -	 DHS/CIS/ICE/CBP Offices - Enter requisition number (office code-fiscal year-number, i.e. LOS-00-001). Schools, Community Based Organizations, and other applicable requesters – This space is for requester's use; place your tracking number here if desired. 						
Item 3 -	DHS/CIS/ICE/CBP Offices - Enter your 3-letter location code. Schools, Community Based Organizations, and other applicable requesters – Enter your complete approval code.						
Item 4 -	No entry required. This is the facility where you must send or fax your order.						
Item 5 -	Enter name and address of requesting office and section.						
Item 6 -	Enter form number(s).						
Item 7 -	Enter revision date of form requested.						
Item 8 -	Enter title of form.						
Item 9 -	Enter quantity requested.						
Item 10 -	Forms Center Use Only.						
Item 11 -	Forms Center Use Only.						
Item 12 -	Enter name of requisitioner. Schools - Must be a Designated School Official (DSO).						
Item 13 -	Enter title of requisitioner.						
Item 14 -	Enter telephone number of requisitioner.						
Item 15 -	Forms Center Use Only						

PLEASE ALLOW 2 WEEKS FOR DELIVERY OF FORMS.

Mail to address on opposite side or fax to (909) 949-7254