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| Date Received | Texas Commission on Fire Protection Fire Service Standards & Certification Division | Date Processed |
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| | P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808 | Processed By |
| | Appointment to Head of Department | |

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|--|-----------------|------------|------------|------------------------|
| Appointee/Department Information: | | | | |
| SSN or PIN | Last Name | Suffix | First Name | Middle Name or Initial |
| | | | | |
| FDID No. | Department Name | Dept Phone | Cell Phone | Date of Appointment |
| | | | | |

CHECK ONE OF THE STATEMENTS BELOW. SEE INSTRUCTION PAGE FOR EXPLANATION.

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| A criminal history check IS <input type="checkbox"/> IS NOT <input type="checkbox"/> required for this appointment |
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DUTY APPOINTMENT:

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| <input type="checkbox"/> | Head of Suppression Department (includes Prevention) |
| <input type="checkbox"/> | Head of Prevention-Only Department |
| Attach any of the following <u>as is applicable</u> for this appointment (see instructions): | |
| <input type="checkbox"/> | <u>Original notarized Affidavit (form TCFP-016)</u> from previous department indicating time with department. More than one Affidavit may be submitted if necessary. |
| <input type="checkbox"/> | <u>Letter from previous department</u> verifying that service was <u>full time</u> in the required discipline. More than one letter may be submitted if necessary. |
| <input type="checkbox"/> | <u>Letter from volunteer department</u> verifying that required level of annual activity or experience was met. More than one letter may be submitted if necessary. |
| <input type="checkbox"/> | <u>Copies of IFSAC certificates</u> deemed equivalent to TCFP basic fire suppression, investigation, or inspector curriculum |
| <input type="checkbox"/> | A FIDO Account Owner Designation Form (TCFP-019) is attached. |
| <input type="checkbox"/> | A Removal from Appointment Form (TCFP-005) is attached to remove previous Head of Department |

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the State's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. Section 601-617 and 651-669).

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification", §421.3.

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature, Administrative Head: _____ Date: _____

(person making the appointment)

Printed, Administrative Head: _____

Signature of Appointee: _____ Date: _____

Purpose: TCFP-001HOD shall be used by a department when appointing an individual as head of either a Suppression/Prevention Department, or to a Prevention-Only Department such as a fire marshal's Office. Departments are **required** to submit this form and any necessary supporting documents when appointing a person to either of these positions. The supporting documents are required to ensure that the individual qualifies for Head of Department certification. These documents must be received, reviewed, and approved before the appointment can be processed.

Instructions for completing form and submitting additional documentation

WHICH DOCUMENTS DO I NEED TO SUBMIT?

Persons being appointed to Head of Department must qualify for appointment/certification via one of the options listed in Chapter 449.3 or 449.5 of the commission's Standards Manual. Determine which option the appointee is qualifying under, and submit the required documents based upon that determination. If the appointee is qualifying by using experience from more than one previous department, multiple Affidavits and/or letters may be submitted.

If the appointee qualifies under option:

- 449.3(a)(1) – Submit: Appointment form.
- 449.3(a)(2) – Submit: Appointment form, copies of IFSAC seal(s), original Affidavit, and letter from previous department verifying full time fire suppression experience.
- 449.3(a)(3) – Submit: Appointment form, original Affidavit, letter from previous department verifying experience in full time structural fire protection position.
- 449.3(a)(5) – Submit: Appointment form, original Affidavit, letter from volunteer department verifying required activity level with department. See 449.3(b) for required activity level.

- 449.5(a)(1) – Submit: Appointment form.
- 449.5(a)(2) – Submit: Appointment form, copies of IFSAC seal(s), original Affidavit, letter from previous department verifying experience in full time fire prevention position.
- 449.5(a)(3) – Submit: Appointment form, original Affidavit, letter from previous department verifying full time experience in inspector or investigator position.
- 449.5(a)(5) – Submit: Appointment form, original Affidavit, letter from previous department verifying experience as active volunteer inspector or investigator.

- If the appointee is to be the FIDO account administrator (owner) for the department, also submit form TCFP-019: FIDO Account Owner Designation

- If the department has not submitted a Removal from Appointment form to remove a previous Head of Department from the Commission's records, that form must be submitted also.

INFORMATION ON FORM

Date Received, Date Processed, Processed by: reserved for agency use

SSN or PIN: The social security number is required for any person applying for a state certification offered by the Texas Commission on Fire Protection. If the person does not currently have a PIN, one will be assigned upon processing of the appointment.

FDID No: This is the identification number assigned to the department by TCFP.

Date of Appointment: For an initial appointment to duties, the date upon which the appointment is effective. For a change of appointed duties, indicate the date upon which the change in appointment is effective. This date will be utilized in conjunction with the postmark and received date to determine if the submission of the TCFP-001 was timely as required by Chapter 421.

Signature/Printed Name of Administrative Head: The signature and name of the person appointing the applicant to head of department duties.

Signature of Appointee: The appointee's legal signature.

Requirement for Criminal History Checks: Chapter 419.032 of the Texas Government Code requires that a fingerprint-based criminal history check be performed for an appointee prior to their INITIAL appointment to fire protection duties if not already certified by the commission in this or another discipline.

This means that a criminal history check must be performed for personnel who qualify for an appointment, but have not yet been certified by the commission in any discipline.

- *A criminal history check is NOT required for a person being appointed to fire protection duties who is already certified by the commission.*
- *If a criminal history check was performed at the time of a person's initial appointment to duties, a second criminal history check is NOT required at the time of application for certification, provided certification occurs within 1 year of appointment.*

To initiate the fingerprint-based criminal history check:

1. Download, print, and complete the *FAST* Fingerprint Pass application from the commission's website (click on "Standards Forms" link).
2. Contact nearest L-1 Enrollment Services location and schedule appointment to submit fingerprints. L-1 Enrollment Services web site: <http://www.l1enrollment.com/>
3. Take *FAST* Fingerprint Pass to L-1 appointment.

The current cost for criminal history checks is paid directly to L1.

Once fingerprint data is submitted, no further action is required of the applicant. Criminal history information will be available to commission within 3 to 5 days after submission of fingerprints.

IMPORTANT NOTE: *Criminal history information based upon submitted fingerprints is only available to the Commission for a limited time. Therefore, submission of an Appointment to Duty form should be coordinated with the fingerprint submission.*