

Date Received:	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved:
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Approved by:
	Application for Early Review of Eligibility for Certification	

Instructions Complete page 1 and mail directly to Commission

Complete page 2, **FAST Pass** and contact L1 Enrollment Services for appointment to initiate fingerprint-based criminal history background check.

Section 1- Individual Information					
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name Or Initial	
Applicant Home Address		City	State	Zip Code	
Previously Used Last Names List all aliases, including maiden name, if applicable.		Suffix	First Name	Middle Name or Initial	
Date of Birth (mm/dd/yy)	Sex	Race or Ethnicity		Daytime Contact Number	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black <input type="checkbox"/> White (includes Hispanic) <input type="checkbox"/> Other _____			
Driver's License No.	State	Height (Feet/Inches)	Weight (Pounds)	Hair Color	Eye Color
Have you ever been convicted of a felony or a misdemeanor which is punishable by a fine greater than \$200.00, or imprisonment, or both fine and imprisonment?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details on a separate sheet and attach to this application. Include all pertinent information; such as, date, offense, circumstances surrounding the offense, the name and address of the court, cause number, sentence and mitigating facts.	
Is this application being submitted prior to enrollment in a fire training program?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 2- Fire Department Information					
Is this application for employment or membership with a fire department?				<input type="checkbox"/> Yes - If Yes, complete this section. <input type="checkbox"/> No	
FDID No.	Department Name		Name of Fire Chief or Administrative Head		
Department Mailing Address		City	State	Zip Code	Phone No. (non-emergency)
Fire Chief/Administrative Head Signature _____				Date _____	

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 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. Sections 601-617 and 651-669).

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.

Applicant Signature _____ **Date** _____



IN STATE APPLICANT

Texas Commission on Fire Protection

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting <http://www.identogo.com> or by calling 1-888-467-2080. **When scheduling an appointment you will be prompted by Identogo for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check.** These data elements have been omitted from this document in order to better protect the security of your

personal information. You may pay for *FAST* services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to <http://www.identogo.com>
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX921200Z**
10. Follow the prompts to enter requested information.
11. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

ORI#: [TX921200Z](http://www.identogo.com) Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Texas Commission on Fire Protection

Section Two: Applicant Name (To be completed by applicant)

Last: _____ First: _____ Middle: _____
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by FAST Enrollment Agent)

Date Prints Taken _____ Amount Charged For Service: **\$41.45**

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.A. Name: _____ E.A. Signature: _____
(Please print)

Purpose: This form is to be utilized by an individual or a department that is seeking early review of eligibility for certification for an individual having a criminal background.

Page 1 should be completed and submitted to the commission.

Page 2 is called a *FAST* Pass. The applicant for early review must contact L1 Enrollment Services at the website or phone number listed on the *FAST* Pass and make an appointment to submit his/her fingerprints at an L1 location convenient to the applicant. Bring the completed *FAST* Pass to the appointment.

TOP SECTION

Date Received: Reserved for commission use.

Date Approved: Reserved for commission use.

Approved by: Reserved for commission use.

SECTION 1 – INDIVIDUAL INFORMATION

Social Security No. or PIN: Provide either the applicant's social security number or the personal identification number assigned to the applicant by the commission.

Last Name: Applicant's last name.

Suffix: Examples: Jr., Sr., III, etc.

First Name: Applicant's first name.

Middle Name or Initial: Applicant's middle name or middle initial, if applicable.

Applicant Home Address, City, State, ZIP Code: Complete as required.

Previously Used Last Names: Maiden name, if applicable, and/or any and all other names or aliases used by the applicant.

Date of Birth, Sex, Race or Ethnicity: All must be answered in order for the application to be processed.

Daytime Contact Number: Must be included in case the applicant must be contacted by commission.

Driver's License Number, D.L. State, Height, Weight, Hair Color, Eye Color: Complete as required.

Past Convictions: Check "Yes" or "No" as it applies to the applicant. This information is required for performing the background check, which is in turn required by state law for all first time certifications issued by the Texas Commission on Fire Protection. Attach an explanation for ANY convictions other than minor traffic violations.

Is this application being submitted prior to enrollment in a fire training program? Answer "Yes" or "No" regarding whether or not this early review of eligibility is being conducted prior to an applicant participating in a fire training school.

SECTION 2 – FIRE DEPARTMENT INFORMATION

Is this application for employment or membership with a fire department? If the answer is "Yes", complete SECTION 2.

FDID No: Fire Department identification number, assigned by the commission.

Department Name: As shown in commission records.

Mailing Address, City, State, ZIP code, Phone Number: As shown in commission records.

Fire Chief/Administrative Head Signature: Required only if form is being completed by a department.

APPLICANT SIGNATURE/DATE: Required on all applications.