

## Texas Peace Officers, County Corrections and Telecommunicators with Inactive Licenses

Licensee can be reactivated if they meet the current requirements of commission rule 219.11.

- 1) must be less than two years from last appointment;
- 2) meet the current licensing standards in §217.1;
- 3) must meet current training requirements of §218.3;
- 4) provide copies of all military discharge(s) (DD214), if applicable; *then*
- 5) submit application and any required fee(s) in the format currently prescribed by the commission.

Individual has never received a dishonorable or other discharge based on misconduct barring future military service, Commission Rule 217.1.

To meet the current licensing requirements of TCOLE Rule 217.1, you must have a national criminal history records check based on your fingerprints. Included with this application is the Fingerprint Applicant Services of Texas (FAST). Questions about the fingerprint process call (512) 936-7700.

**Peace officers** not appointed at end of a two year training unit without completing required training have an inactive license. The training requirements are based on your certificate level when you left your last commission. Total training must equal at least 40 hours or additional classes will be required.

No Certificate or Basic PO Certificate	Intermediate, Advanced, Masters Certificate
3939 Cultural Diversity	The current State and Federal Law Update course or TCOLE online equivalent
3232 Special Investigative Topics	Additional classes to fulfill 40 hour requirement
The current State and Federal Law Update course or TCOLE online equivalent	
<b>Only one of the following:</b> 3840 C.I.T. Train the Trainer, 3841 Crisis Intervention Training, 3843 Crisis Intervention Training Update, 4001 Mental Health Officer Training Course	

**County jailers** not appointed at the end of a four year training cycle without required training have an inactive license. License can be reactivated if they meet the current requirements of commission rule 219.11 and complete required training.

County Corrections Officer Training
3939 Cultural Diversity

**Telecommunicators** not appointed at the end of a four year training cycle without required training have an inactive license. License can be reactivated if they meet the current requirements of commission rule 219.11 and complete required training.

Telecommunicators Training
20 hours of training

### NOTICE

Complete the process for fingerprint check. Complete and submit a notarized application. Attach the non-refundable \$250.00 fee with the required documents, and mail to the Commission.

If you have any questions, please call (512) 936-7700.



This document is your **FAST Fingerprint Pass** for a national criminal history record check. Please schedule a fingerprint appointment by visiting [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-888-467-2080. You must pay the \$41.45 fee for **FAST** services online with a credit card or onsite with a check or money order. Cash is not accepted!

1. Logon to [www.L1enrollment.com](http://www.L1enrollment.com)
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **TCOLE**
7. Enter: **Hiring Agency ORI, TX923466Z**
8. Enter: **LE-453007**
9. Follow the prompts to enter requested information.
10. Bring this completed form with you to your appointment.

**Section One: Qualified Entity Information**

TCOLE ORI#: TX923466Z      Hiring Agency ORI: TX923466Z      Original TCN: \_\_\_\_\_  
(If resubmission for rejected fingerprints)

Jailer     Peace Officer     Telecommunicator

Licensing Agency Name: Texas Commission on Law Enforcement

Contact: Nazareth Munoz, nazareth.munoz@tcole.texas.gov

Hiring Agency or Academy Address: 6330 E. Hwy 290, Suite 200      Austin      TX      78723-1035  
Street Address      City      State      Zip

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

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
(Please print)

**Section Three: Waiver Information (To be 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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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.O. Name: \_\_\_\_\_ (Please print)      E.O. Signature: \_\_\_\_\_

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE. 200  
Austin, Texas 78723-1035  
Phone: (512) 936-7700  
<http://www.tcole.texas.gov>

**Reactivation Application Less Than 2 years**

Return this application with a non-refundable fee of \$250.00 (money order, agency or cashier's check only) payable to the Texas Commission on Law Enforcement (TCOLE). Any required documents must accompany this original application.

**Incomplete applications will not be processed.**

**Please type or print all information.**

**5111 Licensees who have been out of service less than two years**

Date of Application: \_\_\_\_\_

U.S. Citizen:  Yes  No

Type of license, reactivating: (Check one)

Peace Officer: 40 hour required training has been completed, including legislatively mandated classes

County Jailer: Culture Diversity training has been completed

Telecommunicator: 20 hours of required training has been completed

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Suffix: \_\_\_\_\_

TCOLE PID: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Race / Ethnicity:  American Indian or Alaskan Native  Asian  Black  Hispanic  Multicultural  White

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  High School Diploma  GED

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, the applicant, am fully aware that this application is a government document and, under penalties of perjury I declare the foregoing information to be true and correct.

\_\_\_\_\_  
Applicant's Name (Type or Print)

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Name of Notary (Print or Type)

SEAL OR STAMP

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Signature of Notary