

TEXAS COMMISSION ON LAW ENFORCEMENT

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Austin, Texas 78723-1035
Phone: (512) 936-7700
<https://www.tcole.texas.gov>

FAILED DRUG SCREEN FORM

Occupations Code § 1701.306; Commission Rules §§ 211.29, 217.1

LICENSEE INFORMATION

1. TCOLE PID	2. LICENSEE LAST NAME	3. LICENSEE FIRST NAME	4. M.I.	5. SUFFIX (Jr., etc.)	
6. HOME MAILING ADDRESS		7. CITY	8. STATE	9. ZIP CODE	10. EMAIL
11. LICENSE TYPE(S)					
<input type="checkbox"/> PEACE OFFICER <input type="checkbox"/> RESERVE OFFICER <input type="checkbox"/> COUNTY JAILER <input type="checkbox"/> TELECOMMUNICATOR <input type="checkbox"/> PUBLIC SECURITY OFFICER					

AGENCY INFORMATION

12. TCOLE NUMBER	13. AGENCY NAME	14. EMAIL			
15. MAILING ADDRESS		16. CITY	17. STATE	18. ZIP CODE	19. PHONE NUMBER

CHIEF ADMINISTRATOR OR DESIGNEE CERTIFICATION

20. I certify that the above-named licensee was requested to submit to a drug screen and the licensee:		
<input type="checkbox"/>	<input type="checkbox"/>	
failed the drug screen, showing traces of drug dependency or illegal drug use.	refused or failed to submit to the drug screen.	
I certify that the information above is correct and that the attached documents are true and correct copies of this agency's official records.		
NAME (TYPE OR PRINT)	SIGNATURE	DATE

Attention Agency: This form is not intended to replace the L-2 in the pre-appointment background process or the FFDE process if the agency suspects a licensee of drug dependency or illegal drug use. It is intended for all other drug screens, including random or routine, failed or refused by a licensee during an appointment with your agency. If the licensee is finally determined to have failed the drug screen by showing traces of drug dependency or illegal drug use or refused or failed to submit to the drug screen, submit this form and documentation of the failed or refused drug screen to TCOLE at fitforduty@tcole.texas.gov within 30 days of the final determination.

THIS DOCUMENT IS CONFIDENTIAL AND NOT SUBJECT TO DISCLOSURE
UNDER THE PUBLIC INFORMATION ACT, GOVERNMENT CODE CHAPTER 552.