



ADVISORY BOARD ELIGIBILITY VERIFICATION FORM

Texas Occupations Code §1701.252 and §1701.052

This form must be completely filled out and submitted by each Advisory Board member prior to appointment and must be kept readily available for inspection by the contractual training provider's training coordinator.

Advisory Board member Name: (First MI Last): _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

- NO YES 1. Are you or your spouse licensed by an occupational regulatory agency in the field of law enforcement?
- NO YES 2. Are you or your spouse employed by or participate in the management of a business entity or other organization regulated by the commission or that receives funds from TCOLE?
- NO YES 3. Do you, or your spouse, own or control, directly or indirectly, more than 10 percent interest in a business entity or other organization regulated by TCOLE or receive funds from TCOLE?
- NO YES 4. Do you, or your spouse, receive a substantial amount of tangible goods, services, or funds from TCOLE, other than compensation or reimbursement authorized by law for commission membership, attendance, or expenses?
- NO YES 5. Are you or your spouse an officer, employee, or paid consultant of a law enforcement labor union?

If you answered "NO" to all of the questions above, check here – I am eligible to serve as a public member.

If you answered "YES" to one or more of the questions above, check here – I am considered a law enforcement representative.

Date of Appointment: _____ Appointed by (name/title): _____

Have you received the required TCOLE Course #3003 for Advisory Board members? NO YES/Training Date: ___/___/___

If I have not received the TCOLE Course #3003 training I understand I must have this training within 1 year of my appointment.

ADVISORY BOARD MEMBER

As the appointed/elected advisory board member, I am certifying that the contents of this document are true and correct.

_____	_____	___/___/___
Printed Advisory Board Member's Name	Signature of Advisory Board Member	Date

AGENCY HEAD

As the person authorized by TCOLE Rule 215.7 to make appointments to the Advisory Board, I am certifying that the contents of this document are true and correct.

_____	_____	___/___/___
Printed Chief Administrator's Name	Signature of Chief Administrator	Date

TRAINING COORDINATOR

As the Training Coordinator I am certifying that the contents of this document are true and correct.

_____	_____	___/___/___
Printed Training Coordinator's Name	Signature of Training Coordinator	Date