TEXAS COMMISSION ON LAW ENFORCEMENT

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

PID ASSIGNMENT (C-1)

Completion of all fields required

INDIVIDUAL INFORMATION

1. Social Security Number	2. First Name	3. M.I.	4. Last Name	5. Suffix (Jr., etc.)

6. Race / Ethnicity	7. Date of Birth	8. Gender	9. Driver's License
☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ Multicultural ☐ White		☐ Male ☐ Female	State: Num.:

10. Home Mailing Address	11. City	12. State	13. Zip Code

14. Height	15. Weight	16. Hair Color	17. Eye Color

18. U.S. Citizen	19. Phone Number (include area code)	20. E-mail
☐ Yes ☐ No		

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

Agency administrator or training coordinator check appropriate box for their student or employee.

☐ Applying for entry into a basic licensing course.

☐ Applicant has read and received a copy of §217.1 Minimum Standards for Initial Licensure.

Signature of Applicant Date

☐ Future appointment as a Telecommunicator, Temporary or Licensed

☐ Future appointment as a County or Contract Jailer, Temporary or Licensed

☐ Future Appointment as a Probation Officer, Juvenile or Adult

☐ Ability to track training hours

TCOLE agency / training provider number _____ and Name _____

Agency Administrator or Training Coordinator (Type or Print) Signature Date

Individuals not associated with a training provider or agency check below.

☐ Applying for instructors certificate

☐ Applying for Retired Federal Firearms ID

☐ Applying for consideration of prior out-of-state, federal, military, or TDCJ training

Signature of Applicant Date

MILITARY SPECIAL FORCES ELIGIBILITY REQUIREMENTS
IMPORTANT! PLEASE READ!

Under TCOLE Rule 219.25 "License Requirements for Persons with Military Special Forces Training" certain persons may be eligible to take the State Licensing Exam based on service as a member of military special forces.

This document is a preliminary application- its purpose is to determine if you have the proper training and service under your branch of the military to be eligible for reciprocity under TCOLE Rule 219.25. If you are eligible, further instructions will be sent to you. It is highly recommended that you do not make any career or life decisions before completing the entire application process.

Incomplete forms or documentation will be returned.
Questions about this form or your qualifications please call (512) 936-7700.

Before submitting this preliminary application it is important that you review TCOLE Rule 217.1 "Minimum Standards for Initial Licensure" on our website at www.tcole.texas.gov . All applicants must meet all requirements, regardless of past service.

Qualifying Military Special Forces must:

Have successfully completed a special forces training course and able to provide to the commission documentation verifying completion of the course;

As per Rule §219.25, "special forces" means a special forces component of the United States armed forces, including:
(1) the United States Army Special Forces;
(2) the United States Navy SEALs;
(3) the United States Air Force Pararescue;
(4) the United States Marine Corps Force Reconnaissance; and
(5) any other component of the United States Special Operations Command approved by the commission.

DOD Police do not meet occupation requirements.

Have active duty service for 2 continuous years within the 4 years prior to application. Service time applied to this section must have been obtained following completion of an approved special forces training course.

Note: If currently on active duty, applicant must forward any DD 214s from prior service, and letter from applicants commanding officer stating the applicant holds the duty of special forces, have at least 24 months active duty service, and they have not received any disciplinary action resulting in suspension, reduction in rank, or formal reprimands and would currently be eligible for an general/honorable discharge. Reserve duty status will not meet active duty requirement.

Required Documents to Accompany the Application:

1. A certified or notarized copy of the "special forces" training certificate
2. A certified or notarized copy of your valid state-issued driver's license
3. A copy of ALL military discharge(s) (DD 214); or a letter from your commanding officer meeting the requirements noted above.
4. TCOLE PID Assignment (C-1).
5. A copy of your fingerprint form submitted to FAST with a TCN listed.

NON-LAW ENFORCEMENT ACADEMY
Texas Commission on Law Enforcement
OUT-OF-STATE APPLICANT

This document is your *FAST Fingerprint Pass* for a state and national criminal history record check. Please register your fingerprint submission by visiting **http://www.identogo.com** or by calling 1-888-467-2080. **When registering your fingerprint submission 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, Driver License Number and Home Address. 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 by mail with a check or money order only made payable to MorphoTrust USA. 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: ***TX227011Y***
10. Enter: Academy Provider Number, ***LE –*** 453007
11. Select: ***Pay for Ink Card Submission***
12. Follow the prompts to enter requested information
13. Write in: ***RegID*** _____
14. Mail in this completed form with your completed Fingerprint Card to address below.

Section One: Qualified Entity Information

ORI#: TX227011Y **Original TCN:** _____
(If resubmission for rejected fingerprints)

Hiring Agency:_____ Texas commission on Law Enforcement: _____

Contact:_____ Nazareth Munoz__nazareth.munoz@tcole.texas.gov_____

Hiring Agency Address:_____6330 E. Hwy 290, Ste. 200_____Austin_____TX_____78723_____
Street Address City State Zip

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: Fingerprint Cards and Payment

Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number. Requested data is required by the Texas Department of Public Safety to process your background check. Mail your card and payment (if not paid online) to:

MorphoTrust USA
Attn: Texas Card Scan
3051 Hollis Drive, Suite 310
Springfield, IL 62704

RegID: _____
(provided at the end of online registration)

Amount Charged For Service: _____

Paid by: ☐ Check/Money Order (mailed in) ☐ Credit Card (online)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.

Mail this form with all required documents to:

Texas Commission on Law Enforcement (TCOLE)
6330 E. Highway 290, STE 200
Austin, Texas 78723-1035
www.tcole.texas.gov

Military Special Forces Eligibility Form

This form is to establish eligibility under reciprocity. If approved, you will be mailed an application allowing you to apply to take the peace officer licensing exam. Questions, please call (512) 936-7700.

Incomplete forms or documentation will be returned. Please allow 2 weeks for processing.

Please type or print all information.

Date of Application: _____

Last Name:_____ First Name:_____ M.I.:_____ Suffix:_____

Driver's License Number:_____ State: _____

Date of Birth: _____ ☐ High School Diploma ☐ GED

Address:_____ City:_____ State:_____

Zip Code: _____ Phone Number:_____ E-mail:_____

☐ **(5112) Special Forces** (Documents must bear original certification seals or stamps). Detailed documentation requirements are listed in the eligibility form instructions.

1. ☐ A certified or notarized copy of the basic training certificate for "special forces;"
2. ☐ A certified or notarized copy of your valid state-issued driver's license;
3. ☐ A copy of your military discharge(s) (DD 214) (if applicable);
4. ☐ If active duty, supporting letter from commanding officer;
5. ☐ .TCOLE PID Assignment (C-1);
6. ☐ A copy of your fingerprint form submitted to FAST with a TCN listed.

On signing this document I understand that I will have to meet the requirements of Commission rule §217.1 for licensure. I have not been convicted of or placed on deferred adjudication for any Class B Misdemeanor or above, nor do I currently have pending criminal charges against me. I 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.

_____ _____/_____/_____
Signature of Applicant Date

Sworn to and subscribed before me, this the _____day of _____, _____

Notary public in and for, State of _____
My commission expires _____/_____/_____ _____
Printed Name of Notary

Notary Seal or Stamp _____
Signature of Notary