

Texas License Reactivation

IMPORTANT! PLEASE READ

Peace officers, county jailers and telecommunicators with a license over 5 years from last appointment must meet the current requirements of Commission Rule 219.11 to reactivate;

- 1) meet the current enrollment, licensing standards in §217.1;
- 2) successfully complete the basic licensing course for the license sought;
- 3) make application and submit any required fee(s) in the format currently prescribed by the commission; and
- 4) pass the licensing exam as provided in §219.1

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

After basic licensing course completed and exam passed the following must be provided;

1. Copies of all military discharge(s) (DD214), if applicable; *then*
2. Submit application, DD214, and the required fee.

Fingerprint and Background Requirement

TCOLE Rule 217.1 requires 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.

Licensees that repeat the basic licensing academy meet the background, fingerprint requirements as long as they pass the exam, and complete the reactivation application process required by TCOLE before 180 days from passing the exam.

Over 180 days from passing the exam, background check, fingerprint, medical (L-2), psych (L-3) will be required.

Two years from passing the exam if the licensee has not completed the reactivation process they will have to re-apply and test again.



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](http://www.identogo.com)

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.

Revised 03/15

TEXAS COMMISSION ON LAW ENFORCEMENT

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

Licensee Reactivation Application

Return this application with a non-refundable fee of \$250.00 (money order, agency or cashier's check) 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 for over five years

Date of Application: _____

U.S. Citizen: Yes No

License, reactivating: Basic training course completed and exam passed. (Check one)

Peace Officer:

County Jailer:

Telecommunicator:

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

TCOLE PID: _____ Driver's License Number: _____ State: _____

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