

# Reinstatement of License

To reinstate a suspended or probated license for a licensee that meets current training requirements and has continually maintained the legislatively required continuing education provided in §218.3 for the duration of the suspension or probation, §223.17.

**Peace Officer**, must complete the following training based on your certificate level. 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	

When you have completed the PO training the following is required.

1. Individual has never received a dishonorable or other discharge based on misconduct barring future military service, Commission Rule 217.1;
2. Certified copy of court dismissal (probation) documents (if applicable);
3. Submit reinstatement application on the current commission form. Include required documents(s) and fee.

**Jailer**, must meet the following continuing education and fee requirements prior to reinstatement.

1. Complete Cultural Diversity course (3939);
2. Individual has never received a dishonorable or other discharge based on misconduct barring future military service, Commission Rule 217.1;
3. Certified copy of court dismissal (probation) documents (if applicable);
4. Submit reinstatement application on the current commission form. Include required documents(s) and fee.

**Telecommunicator**, must meet the following continuing education and fee requirements prior to reinstatement.

1. Complete 20 hours of training, §218.3;
2. Individual has never received a dishonorable or other discharge based on misconduct barring future military service, Commission Rule 217.1;
3. Certified copy of court dismissal (probation) documents (if applicable);
4. Submit reinstatement application on the current commission form. Include required documents(s) and fee.

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.



# 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.

**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 REINSTATEMENT APPLICATION**

**Commission Rule §223.17**

**Non-refundable \$250 fee must be included. Money order, agency or cashier's check. (5115)**

**APPLICANT INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name.	4. M.I.	5. Suffix (Jr. etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White		7. Date of Birth	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Driver's License State: Num.:
10. Home Mailing Address		11. City		12. State
13. Zip Code	14. Phone Number		15. E-mail	
16. Type of License <input type="checkbox"/> Peace Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator				

**PLEASE CHECK ONLY THE BOX THAT APPLIES:**

**If licensee is reinstating a suspended license due to lack of training, all of the following documents must be attached to the reinstatement application:**

- \$250 dollar reinstatement fee (money order, agency or cashier's check)
- Copies of all military discharge(s) (DD-214(s))
- Verification that you meet the current continuing education requirements

**If licensee is reinstating a suspended or probated license all of the following must be attached:**

- \$250 dollar reinstatement fee (money order, agency or cashier's check)
- Copies of all military discharge(s) DD-214(s)
- Verification that you meet the current continuing education requirements
- Certified copy of court dismissal (probation) documents

I attest that I meet the current requirements for the above selected license. 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 or License Holder

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

Notary public in and for, State of Texas  
My Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp

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