

<http://www.tcleose.state.tx.us>

Return form with non-refundable fee of \$1,000.00. Agency, cashier's check or money order. (5519)

1. Proposed Agency Name		2. Mailing Address	
3. City		4. State	5. County
7. Phone Number		8. Fax Number	9. E-mail

10. Title	11. First Name	12. M.I.	13. Last Name	14. Suffix (Jr. Etc)
15. TCLEOSE PID	16. Date of Birth / /	17. 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		18. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

- (1) the need for the law enforcement agency or police department in the community;
- (2) the funding sources for the law enforcement agency or police department;
- (3) the physical resources available to officers;
- (4) the physical facilities that the law enforcement agency or police department will operate, including descriptions of the evidence room, dispatch area, and public area;
- (5) law enforcement policies of the law enforcement agency or police department, including policies on:
 - (A) use of force;
 - (B) vehicle pursuit;
 - (C) professional conduct of officers;
 - (D) domestic abuse protocols;
 - (E) response to missing persons;
 - (F) supervision of part-time officers; and
 - (G) impartial policing;
- (6) the administrative structure of the law enforcement agency or police department;
- (7) liability insurance;
- (8) documents from the governing body authorizing creation of agency: Example(s): Municipal Code/Ordinance, School District Resolution, and;
- (9) minutes approving ordinance.

19. Name			20. Mailing Address		
21. City	22. State	23. Zip Code	24. Phone Number		25. Fax Number

TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION

6330 E Highway 290, STE 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcleose.state.tx.us>**PID ASSIGNMENT (C-1)****Completion of all fields required. Mail or fax form (512) 936-7766.****INDIVIDUAL INFORMATION**

1. Social Security Number	2. First Name	3. M.I.	4. Last Name	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. Height	15. Weight	16. Hair Color	17. Eye Color	
18. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Phone Number (include area code)		20. E-mail

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCLEOSE to the above named individual therein creating a TCLEOSE 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 §215.15 Basic Licensing Enrollment Standards

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

TCLEOSE 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

TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION

6330 East Highway 290, STE. 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

Law Enforcement Agency Checklist (Required Information for TCLEOSE Files)

Agency Name:			
Mailing Address:	City:	Zip Code:	Phone Number:
Agency TCLEOSE Number:	Date Audited:	Date Last Audited	

Dept. Head Name:	Title:
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Phone Number:	FAX:	Email:
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Employee Name:	DOB:	TCLEOSE PID:
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☐ Appointed, to your department, prior to 04.15.1996, current firearms qualification only document required. TCLEOSE maintained all necessary documents for appointment prior to this date.

New License	180 Days or Less Break in Service	More Than 180 Day Break in Service	Telecommunicator
<input type="checkbox"/> L-1 (signed & notarized copy) <input type="checkbox"/> L-2 <input type="checkbox"/> L-3 <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Education - HS Diploma (accredited) or GED. <input type="checkbox"/> Military Discharge Form (DD 214) <input type="checkbox"/> Background Investigation / Personal History Statement (required as of 01-01-12) <input type="checkbox"/> Certified Copy of Court Disposition (for all charges on criminal history). <input type="checkbox"/> Date of last firearms qualification: _____	<input type="checkbox"/> L-1 (signed & notarized copy) <input type="checkbox"/> F-5R (not required for licensees hired before 9/1/2005) <input type="checkbox"/> Certified Copy of Court Disposition (for all charges on criminal history). <input type="checkbox"/> Background Investigation / Personal History Statement (required as of 01-01-12) <input type="checkbox"/> Military Discharge Form (DD214) <input type="checkbox"/> Date of last firearms qualification: _____	<input type="checkbox"/> L-1 (signed & notarized copy) <input type="checkbox"/> L-2 <input type="checkbox"/> L-3 <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> F-5R (copy) (not required for licensees hired before 9/1/2005) <input type="checkbox"/> Military Discharge Form (DD 214) <input type="checkbox"/> DPS/FBI Fingerprint Return <input type="checkbox"/> Background Investigation / Personal History Statement (required as of 01-01-12) <input type="checkbox"/> Certified Copy of Court Disposition (for all charges on criminal history). <input type="checkbox"/> Date of last firearms qualification: _____	<input type="checkbox"/> T-1 <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Education - H.S. Diploma (accredited) or GED <input type="checkbox"/> Military Discharge Form (DD 214) <input type="checkbox"/> Background Investigation / Personal History Statement (required as of 01-01-12) <input type="checkbox"/> Certified Copy of Court Disposition (for all charges on criminal history).

Failure to complete and document the pre-licensing requirements above is a violation of state law and may result in penalties ranging from fines (up to \$1,000 per day, per incident) to criminal charges (State Jail felony for appointment of a person with a criminal record). Texas Occupations Code 1701.507 and 1701.553

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<http://www.tcleose.state.tx.us>**LICENSEE MEDICAL CONDITION DECLARATION (L-2)**
Commission Rule §215.15(d)(1), 217.1(a)(11), 217.7(f)(3)**INDIVIDUAL INFORMATION**

1. TCLEOSE PID	2. Last Name.	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

Is this exam for a student enrolling in an academy? ☐ Yes ☐ NoIf yes, check one ☐ Peace Officer ☐ County Corrections

Submit PID Assignment form for new cadets.

APPOINTMENT(Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Public Security Officer

DEPARTMENT / ACADEMY INFORMATION

11. TCLEOSE Number	12. Appointing Agency or Academy	13. Mailing Address		
14. City	15. County	16. Zip Code	17 Phone Number	

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.**NEW APPLICANTS MUST COMPLETE BOTH EXAMS****LICENSEE(S) OFFICER(S) WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED(S) DRUG SCREEN ONLY**

I certify that I have completed my examination of the examinee and I have concluded that on this date, the examinee is found:

Check the appropriate box(s)

- ☐ **PHYSICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.
- ☐ **DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

Physician's Name (type or print)

State License Number

Mailing Address

Street

City

State

Zip

Phone Number

Date of Examination(s)

Physician's Signature

Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.

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INDIVIDUAL INFORMATION

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