## 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

## LAW ENFORCEMENT AGENCY NUMBER APPLICATION

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

	F	ROPOSED AG	<b>BENCY INFORM</b>	ATION	
1. Proposed Agency N	ame		2. Mailing Address		
3. City			4. State	5. County	6. Zip Code
7. Phone Number 8. Fax Nun			9. E-mail		
	CH	IEF ADMINIST	RATOR INFOR	MATION	
0. Title	11. First Name	12. M.I.	13. Last Nam	1e	14. Suffix (Jr. Etc)
15. TCLEOSE PID	16. Date of Birth / /	17. Race / E American I	ndian or Álaskan Na		18. Gender
	te providing legislative ent Code, Education Co		Statute N	umber:	

C (i.e., Local Government Code, Education Code): \_

The entity shall submit to the commission on creation of the law enforcement agency or police department information regarding: (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.

#### REQUESTING GOVERNMENTAL BODY

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

I, the administrator of the governmental body making request, 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.

Administrator (Type or Print)		Signature			Date	
Sworn to and subscribed before me, this the			day of			
Notary public in and for, State of Texas My Commission expires					Printe	d Name of Notary
Notary Seal or Stamp		_		Signature	of Notary	
Law Enforcement Agency Number Application 5.18	8.2011					Page 1 of 1

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# 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	e			5. Suffix (Jr., etc.)
6. Race / Ethnicity			7.	Date of Birth	8. Ger			ver's License
🗌 American Indian or A	laskan Native	🗌 Asian		1 1	🗌 Mal	e i	State:	
🗌 Black 🔲 Hispanic	🗌 Multicultural	🗌 White	)	, ,	🗌 Fen	nale	Num.:	
10. Home Mailing Address		11. City				12. State	1	3. Zip Code
14. Height	15. Weight		16. H	lair Color	17.	Eye Color		
18. U.S. Citizen	19. Phone Numb	er (include ar	rea coc	le) 20	0. E-mail			
🗌 Yes 🗌 No								

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	
TCL	EOSE agency / training provider number and Name	
Agei	ncy Administrator or Training Coordinator (Type or Print) Signature	Date
Indi	ividuals 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. $\sidesize{\sidesi$	
Sign	nature of Applicant Date	

PID Assignment 8.04.2011

#### 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 Las	st Audited	
Dept. Head Name:		Title:				
Phone Number:		FAX:		Email:		
Employee Name:		8	DOB:		TCLEOSE PID:	
Appointed, to your department necessary documents for appo	intment prio	r to this date.				
New License	180 Days	or Less Break in Service		180 Day Break in Service	Telecommunicator	
L-1 (signed & notarized copy)	L-1 (signed & notarized copy)		🛛 L-1 (sign	ed & notarized copy)	□ T-1	
🗆 L-2	🗆 F-5R		🗆 L-2		CCH (TCIC-NCIC)	
🗆 L-3		uired for licensees efore 9/1/2005)	🗆 L-3		DPS/FBI Fingerprint Return	
		ed Copy of Court tion (for all charges on	ССН (Т	CIC-NCIC)	Proof of Citizenship	
DPS/FBI Fingerprint Return	criminal	history).	Gradient F-5R (concernent) F-5R (concernent)	opy) ired for licensees	Proof of Education – H.S. Diploma (accredited) or GED	
Proof of Citizenship	Persona	round Investigation / al History Statement ed as of 01-01-12)	□ Military	ore 9/1/2005) Discharge Form	Military Discharge Form (DD 214)	
Proof of Education - HS Diploma (accredited) or GED.	D Military (DD214	y Discharge Form	rge Form (DD 214)			
Military Discharge Form (DD 214)		Date of last firearms		und Investigation / History Statement		
Background Investigation / Personal History Statement (required as of 01 01 12)		allon	(required	as of 01-01-12)	Disposition (for all charges of criminal history).	
(required as of 01-01-12)				l Copy of Court on (for all charges or story).	n	
Disposition (for all charges on criminal history).	1.000			last firearms ion:		
Date of last firearms qualification:						

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

Law Enforcement Agency Checklist 2.28.13

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# LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §215.15(d)(1), 217.1(a)(11), 217.7(f)(3)

		IND	VIDUAL IN	FORMATION	N		
1. TCLEOSE PID	2. Last Name.			3. First Nar	and the second se	4. M.I.	. 5. Suffix (Jr., etc.)
6. Home Mailing Address			7. City		8.	State	9. Zip Code
Is this exam for a stud	ent enrolling in	an academy	? 🗌 Yes	🗌 No			
If yes, check one	Peace Office	r 🗌 Count	ty Correction	s			
Submit PID Assignme	nt form for new	/ cadets.					
		APPOIN	ITMENT( Do r	not check if stud	dent)		
10. Peace Officer	Reserve		County Jaile		ic Security Of	ficer	
				MY INFORMA			
11. TCLEOSE Number	12. Appointing	Agency or A	cademy		13. Mailing	Address	
14. City	1	15. County		1	16. Zip Code	17 Pho	ne Number
of duty approp	n - To show n	e of license s	sought.				affect the performanc examination, blood te
Physician's Name (t	ype or print)				State	License	Number
Mailing Address	Street			City		State	Zip
Phone Number		F F	Date	of Examinatio	on(s)		
Physician's Signature		£				Date	
THIS DECLARATION AND IS VALID ONLY					UNLESS W	THDRAW	N OR INVALIDATE
Licensee Medical Condition	Declaration 1.1.2	013					Page 1 of 1

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# LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule §215.15(d)(2), 217.1(a)(12), 217.7(f)(2), 221.35

		INDIVID	UAL INFORM	ATION		
1. TCLEOSE PID	2. Last Name		3. First N		4. M.I	. 5. Suffix (Jr., etc.)
6. Home Mailing Address	1	7. City			8. State	9. Zip Code
Is this exam for a stud				ubmit PID Assignme	nt form for ne	w cadets.
If yes, check one Attention Requesting performed by a licer approval by the Con requesting agency n under exceptional ci	ng Agency: Sta nsed psycholog nmission, it may nust request prio	ate Law and Com ist or a psychiat be performed by r approval in writi acceptable.	mission Rule re trist except in a a qualified licen ing and must re	n exceptional circum sed physician. The ceive specific writter	nstance when Chief Adminis	upon prior strator of the
10. Peace Office	r 🗌 Reserve	Officer Cou	ENT (Do not chec nty Jailer 🔲 J	uvenile Probation O	fficer 🗌 Pu	blic Security Off.
		ACADEMY / D	DEPARTMENT IN	FORMATION		
11. TCLEOSE Number	12. Agency/Aca			13. Mailing Add	ress	
14. City		15. County		16. Zip Code	17. Phon	e Number
Attention Examinin performed by a licer approval by the Com approval in writing a acceptable. STATEMENT OF EX I am a [ ] Licens examination of the a concluded that, on the accept the responsil	nsed psycholog nmission, it may and must receive XAMINER: (Plea ed Psycholog above named ind his date, the indi	ist or a psychiat be performed by specific written a se check the ap gist, []Psyc ividual pursuant t vidual <u>IS</u> in satisfi	trist except in a a qualified licen approval before a <b>propriate box</b> <b>hiatrist</b> , and to professionally factory psycholo	n exceptional circun sed physician. The an examination unde and provide the re- l certify that I have recognized standar gical and emotional	agency must agency must er exceptional quested infor completed a p rds and metho health to perf	, upon prior request prior circumstances is <b>mation)</b> osychological ods. I have
Examiner:						
	me (type or print)			State L	icense Num	ber
Mailing Address:						
	Street		City	State	Zip	
Phone Number:		Dat	te of Examination	(s)		
Signature		3		Date		
THIS DECLARATIO		IC INFORMATIO			RAWN OR IN	VALIDATED, AND