|  |  |
| --- | --- |
| **Applicant Name:**        | **PID:**      [ ]  N/A |
| **Police Department:**        | **Date:**   /   /      |
| **1** | [ ]  | TCOLE Form C-1 PID Assignment [ ]  Not Applicable  |
|  | [ ]  | TCOLE Form L-1 Appointment Application |
|  | [ ]  | TCOLE Form L-2 Licensee Medical Condition (make sure correct box is marked and dates are valid) |
|  | [ ]  | Drug Screening Report (must be a10-Panel Drug Screen)  |
|  | [ ]  | TCOLE Form L-3 Licensee Psychological and Emotional Health Declarations  |
| **2** | [ ]  | Copy of Current, valid driver’s license (should be in color and 200%) |
|  | [ ]  | Original or certified copy of Birth Certificate (Copy must be signed and dated by person verifying it) |
|  | [ ]  | Copy of Social Security Card (should be in color and 200%) |
|  | [ ]  | Certified copy of U.S. Citizenship Papers [ ]  Not Applicable |
| **3** | [ ]  | FACT Clearinghouse results print out (make sure it shows the TEXAS and FBI results) |
|  | [ ] [ ]  | Certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history or certified letter of non-prosecution. Not Applicable |
|  | [ ]  | CCH Return |
|  | [ ]  | TCIC |
|  | [ ]  | NCIC |
|  | [ ]  | Driver’s License Return (10-27) |
|  | [ ]  | Copy of current automobile Insurance |
|  | [ ]  | Copy of Agency’s Automobile/Liability Insurance |
| **4** | [ ]  | DD-214 (member 4 page, showing reenlistment code) [ ]  Not Applicable |
|  | [ ]  | TCOLE Background Confirmation Form [ ]  Not Applicable  |
|  | [ ]  | TCOLE F-5R [ ]  Not Applicable  |
|  | [ ]  | National Decertification Index Search (Include print out of negative results) |
|  | [ ]  | Copy of [ ]  High School Diploma [ ]  Transcript [ ]  GED Certificate |
| **5** | [ ]  | DP-01 Personal History Statement |
| **6** | [ ]  | DP-06 Background Investigation Report |
| **7** | [ ]  | Signed letter of sponsorship from sponsoring agency |
|  | [ ]  | Signed sponsor direct supervisor form |
|  | [ ]  | Assumption of Risks, Covenant Not to Sue |
| **8** | [ ]  | Physical Agility Results |
|  | [ ]  | Assumption of Risks, Covenant Not to Sue |
|  | [ ]  | Emergency Contacts Form |
|  | [ ]  | Workman Comp Contact Form |

\*Please interview spouse/significant others (past and present) and notate that there have not been any issues with domestic violence, child abuse, etc.