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| --- | --- | --- | --- |
| **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.