

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Date Processed
		Processed By
Appointment to Duty/Change of Duty Initial appointment to fire protection duties or change of current duties		

Appointee/Department Information:				
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial
FDID No.	Department Name	Dept Phone	Date of Appointment	

CHECK ONE OF THE STATEMENTS BELOW. SEE INSTRUCTION PAGE FOR EXPLANATION.

A criminal history check IS <input type="checkbox"/> IS NOT <input type="checkbox"/> required prior to appointment
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DUTY APPOINTMENT: Check all applicable duty appointments.

<input type="checkbox"/> Paid/Full-Time	<input type="checkbox"/> Paid/Part Time	<input type="checkbox"/> Volunteer Member
<input type="checkbox"/>	If applicable, former department name and date of removal from appointment: Dept name: _____ Date: _____	
<input type="checkbox"/>	Structure Fire Fighter	
<input type="checkbox"/>	Aircraft Rescue Fire Fighter	
<input type="checkbox"/>	Marine Fire Fighter	
<input type="checkbox"/>	Fire Inspector (Code Enforcement)	
<input type="checkbox"/>	Arson Investigator (TCFP-004 must be submitted to transfer a previously held arson certification to a new department.)	
<input type="checkbox"/>	Fire Investigator	
<input type="checkbox"/>	Instructor	
<input type="checkbox"/>	Chief Training Officer (Coordinator) in charge of a Commission-approved training facility	
<input type="checkbox"/>	Fire Chief (Head of Suppression and Prevention)	
<input type="checkbox"/>	Fire Chief (Head of Prevention only)	
<input type="checkbox"/>	Fire Marshal	

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the State's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. Section 601-617 and 651-669).

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification", §421.3.

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Fire Chief or Admin. Head: _____

Date: _____

Printed name of Chief or Admin. Head: _____

Signature of Appointee: _____

Date: _____

Purpose: TCFP-001 should be used by a department to notify the Commission of its intention to appoint an individual to fire protection duties, or to change an individual's current duty assignment. Departments are **required** to submit this form upon initial appointment to duties, and any future changes to that appointment. When submitting the form to change a person's duties, all desired appointment(s) for the individual must be indicated, even if the person may already be appointed to one or more of the duties being checked.

Requirement for Criminal History Checks: Chapter 419.032 of the Texas Government Code requires that a fingerprint-based criminal history check be performed for an appointee prior to their INITIAL appointment to fire protection duties (if not already certified by the commission).

This means that a criminal history check must be performed for personnel who have completed all training/testing requirements and are being appointed to duties, but have not yet been certified by the commission in any discipline.

- *A criminal history check is NOT required for a person being appointed to a department who is already certified by the commission.*
- *If a criminal history check was done on a person at the time of their initial appointment to duties, a second criminal history check is NOT required at the time of certification, provided certification occurs within 1 year of appointment.*

To initiate the fingerprint-based criminal history check:

1. Download, print, and complete the *FAST* Pass application from the commission's website (click on "Standards Forms" link).
2. Contact nearest L-1 Enrollment Services location and schedule appointment to submit fingerprints. L-1 Enrollment Services web site: <http://www.l1enrollment.com/>
3. Have appointee take *FAST* Pass with him/her to L-1 appointment.

The current cost for criminal history checks through L1 Enrollment Services is \$44.20 per applicant, paid directly to L1.

Criminal history information will be available to commission within 3 to 5 days after submission of fingerprints.

IMPORTANT NOTE: *Criminal history information based upon submitted fingerprints is only available to the Commission for a limited time. Therefore, submission of an Appointment to Duty form should be coordinated with the fingerprint submission.*

Head of Department Appointments

An individual being appointed as the head of department (either Head of a Suppression and Prevention Department, or Head of a Prevention Only Department) must be eligible to be certified as Head of Department at the time of appointment, or become eligible to be certified within one year of appointment. See Chapter 449 of the Commission's Standards Manual for the requirements to be certified as Head of a Suppression/ Prevention Department or Head of a Prevention Only Department. When appointing a person to Head of Department, submit the Appointment to Duty/Change of Duty form and any required documentation as applicable for that individual.

See Chapter 421, "Standards for Certification," rule 421.5 Definitions for the requirements of Fire Protection Personnel.

Date Received: Reserved for agency use.

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Social Security No. or PIN: Provide either the individual's social security number or the personal identification number assigned to the individual by the commission.

Last Name: Individual's last name.

Suffix: Examples: Jr., Sr., III, etc.

First Name: Full first name.

Middle Name or Initial: Individual's middle name or middle initial (if applicable).

FDID No.: The identification number assigned to the department by the commission.

Department Name: The name of the department to which the individual is being appointed.

Date of Appointment: For an initial appointment to duties, the date upon which the appointment is effective. For a change of appointed duties, indicate the date upon which the change in appointment is effective. This date will be utilized in conjunction with the postmark and received date to determine if the submission of the TCFP-001 was timely as required by Chapter 421.

Appointments: Select the appropriate duty appointment(s) for the individual. When submitting the TCFP-001 for a change in appointment duties, you must select all applicable appointments each time the form is submitted. If an individual has multiple appointments with a department, and a subsequent submission is received, any appointment not indicated on the latest version will be closed by agency staff. It is important that all current appointments are indicated on each submission of this form.

Signature of Appointee/Date: The appointee's legal signature with the date he/she signed the form. This is required to attest to the accuracy of the submission.

Signature of the Fire Chief or Administrative Head/Date: The legal signature of the individual who has the authority to make personnel decisions for the department who is submitting the TCFP-001 with the date the individual signed the form.