

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Processed
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Processed By
	Appointment to Arson Investigator 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 this appointment (SEE INSTRUCTIONS)
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STATUS OF ARSON INVESTIGATOR DUTY APPOINTMENT:

<input type="checkbox"/> Paid/Full-Time	<input type="checkbox"/> Paid/Part Time	<input type="checkbox"/> Volunteer Member
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THE FOLLOWING DOCUMENT HAS BEEN ATTACHED:

<input type="checkbox"/> Form TCFP-004: Confirmation of Commission. This form must be submitted to notify the commission of the agency carrying the appointee's peace officer license.
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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 Chief or Admin. Head: _____ Date: _____

Printed name of Chief or Admin. Head: _____

Signature of Appointee: _____ Date: _____

Purpose: TCFP-001A shall be used by a department to notify the Commission of its intention to appoint an individual to arson investigation duties, or to change an arson investigator's employment status (full time/part time/volunteer).

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 they do not already hold a certification issued by the Texas Commission on Fire Protection.

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 duties who already holds one or more certifications issued 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 the person becomes certified, provided certification occurs within 1 year of that 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 cost for criminal history checks through L1 Enrollment is 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, the timing for submission of an Appointment to Arson Investigator Duties form should be coordinated with the fingerprint submission.*

Instructions for completing form

Date Received: Reserved for agency use.

Date Processed: Reserved for agency use.

Processed By: Reserved for agency use.

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 status, indicate the date upon which the change in is effective.

Attachment of TCFP-004: Because of the requirement to hold a current peace officer license for Arson Investigator certification, the Commission must be notified via the TCFP-004 form of the agency holding the appointee's peace officer license.

Signature of Chief or Administrative Head/Date: The legal signature of the individual who has the authority to make personnel decisions for the department, and is submitting the TCFP-001A.

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.