

Date Received	<b>Texas Commission on Fire Protection Fire Service Standards &amp; Certification Division</b> P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Date Processed
		Processed By
		<b>Appointment to Head of Department</b>

<b>Appointee/Department Information:</b>				
FIDO PIN	Last Name	Suffix	First Name	Middle Name or Initial
FDID No.	Department Name	Dept Phone	Cell Phone	Date of Appointment

**\*\*\*IMPORTANT\*\*\***

**YOU ARE REQUIRED TO SUBMIT FINGERPRINT DATA FOR A CRIMINAL HISTORY CHECK IF YOU HAVE NOT BEEN APPOINTED TO FIRE PROTECTION OR PREVENTION DUTIES WITH A COMMISSION-REGULATED ENTITY AND DO NOT HOLD AN ACTIVE CERTIFICATION WITH THE TEXAS COMMISSION ON FIRE PROTECTION.**

**SEE ATTACHED APPLICATION INSTRUCTION PAGES FOR HOW TO SUBMIT FINGERPRINT DATA.**

<b>Please supply the following information if you do not hold an active certificate with the Texas Commission on Fire Protection at this time:</b>						
Previously Used Last Names List all aliases, including maiden name, if applicable.		Previously Used Suffixes	Previously Used First Names		Previously Used Middle Names or Initials	
Daytime Phone Number	Driver's License No.	D.L. State	Height (Feet and Inches)	Weight (Pounds)	Hair Color	Eye Color
Date of Birth	Sex	Race or Ethnicity				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> White (includes Hispanic)	<input type="checkbox"/> Other: _____		
High School Diploma?	If No, Highest Grade Completed?	GED?	College Degree?	If yes, which major?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any criminal offense (other than minor traffic offenses)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach explanation</b> regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense.						

**DUTY APPOINTMENT:**

<input type="checkbox"/>	<b>Head of Suppression Department (includes Prevention)</b>
<input type="checkbox"/>	<b>Head of Prevention-Only Department</b>
Attach any of the following <u>as is applicable</u> for this appointment (see instructions):	
<input type="checkbox"/>	Original notarized Affidavit (TCFP-016) from previous department indicating time with department. More than one Affidavit may be submitted if necessary

<input type="checkbox"/> <u>Letter from previous department</u> verifying that service was <u>full time</u> in the required discipline. More than one letter may be submitted if necessary
<input type="checkbox"/> <u>Letter from volunteer department</u> verifying that required level of annual activity or experience was met. More than one letter may be submitted if necessary
<input type="checkbox"/> <u>Copies of IFSAC certificates</u> deemed equivalent to TCFP basic fire suppression, investigation, or inspector
<input type="checkbox"/> A FIDO Account Owner Designation Form ( <a href="#">TCFP-019</a> ) is attached (REQUIRED)
<input type="checkbox"/> A Removal from Appointment Form ( <a href="#">TCFP-005</a> ) is attached to remove previous Head of Department (REQUIRED)

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 Administrative Head: \_\_\_\_\_ Date: \_\_\_\_\_  
(Individual who is authorized to make this appointment for the entity)

Printed Name of Administrative Head: \_\_\_\_\_

Signature of Appointee: \_\_\_\_\_ Date: \_\_\_\_\_

**Purpose:** TCFP-001HOD shall be used by a department when appointing an individual as head of either a Suppression/Prevention Department, or to a Prevention-Only Department such as a fire marshal's Office. Departments are **required** to submit this form and any necessary supporting documents when appointing a person to either of these positions. The supporting documents are required to ensure that the individual qualifies for Head of Department certification. These documents must be received, reviewed, and approved before the appointment can be processed.

### Instructions for completing form and submitting additional documentation

#### WHICH DOCUMENTS DO I NEED TO SUBMIT?

Persons being appointed to Head of Department must qualify for appointment/certification via one of the options listed in Chapter 449.3 or 449.5 of the commission's Standards Manual. Determine which option the appointee is qualifying under, and submit the required documents based upon that determination. If the appointee is qualifying by using experience from more than one previous department, multiple Affidavits and/or letters may be submitted.

If the appointee qualifies under option:

- 449.3(a)(1) – Submit: Appointment form.
- 449.3(a)(2) – Submit: Appointment form, copies of IFSAC seal(s), original Affidavit, and letter from previous department verifying full time fire suppression experience.
- 449.3(a)(3) – Submit: Appointment form, original Affidavit, letter from previous department verifying experience in full time structural fire protection position.
- 449.3(a)(5) – Submit: Appointment form, original Affidavit, letter from volunteer department verifying required activity level with department. See 449.3(b) for required activity level.
  
- 449.5(a)(1) – Submit: Appointment form.
- 449.5(a)(2) – Submit: Appointment form, copies of IFSAC seal(s), original Affidavit, letter from previous department verifying experience in full time fire prevention position.
- 449.5(a)(3) – Submit: Appointment form, original Affidavit, letter from previous department verifying full time experience in inspector or investigator position.
- 449.5(a)(5) – Submit: Appointment form, original Affidavit, letter from previous department verifying experience as active volunteer inspector or investigator.
  
- If the appointee is to be the FIDO account administrator (owner) for the department, also submit form TCFP-019: FIDO Account Owner Designation
  
- If the department has not submitted a Removal from Appointment form to remove a previous Head of Department from the Commission's records, that form must be submitted also.

#### INFORMATION ON FORM

Date Received, Date Processed, Processed by: reserved for agency use

FIDO PIN (REQUIRED): The FIDO PIN is required for any person applying for a state certification offered by the Texas Commission on Fire Protection. If the person does not currently have a FIDO PIN, the individual must create a FIDO account before submitting form. <https://auth.tcfp.texas.gov/account/login>

FDID No: This is the identification number assigned to the department by TCFP.

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.

Signature/Printed Name of Administrative Head: The signature and name of the person who is authorized to appoint this person to head of department duties.

Signature of Appointee: The appointee's legal signature.

\*\*\*\*\***DO NOT SUBMIT INSTRUCTIONS WITH APPLICATION**\*\*\*\*\*

### **Required Criminal History Checks**

Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.

- Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
  - a. **You may begin the process now by simply clicking on this link:**  
<https://uenroll.identogo.com/servicecode/11G69S>
  - b. Provide all required pre-enrollment data and select a convenient date and time for your appointment
- If you prefer to schedule over the telephone, you must:
  - a. Have your Service Code ready (**11G69S**), then call **888.467.2080**;
  - b. MorphoTrust will prompt you for the Service Code (**11G69S**);
  - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment
- 2. Arrive at your scheduled appointment with your photo identification and fee
  - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:  
[http://www.dps.texas.gov/administration/crime\\_records/docs/ProveIdForFingerprinting.pdf](http://www.dps.texas.gov/administration/crime_records/docs/ProveIdForFingerprinting.pdf)
  - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
  - **Please note that personal checks and cash are not accepted.**
- 3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
- 4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
  - Do not throw away the receipt;
  - You may check status on your submission by clicking on this link:  
<https://uenroll.identogo.com/servicecode/11G69S> and then click "**Check Status**"

*IMPORTANT NOTE: Criminal history information based upon submitted fingerprints is only available to the Commission for a limited time. Therefore, submission of this appointment to head of department duty to the Commission should be coordinated with a fingerprint submission.*