

Date Received (Agency Use Only)	<b>Texas Commission on Fire Protection Fire Service Standards &amp; Certification Division</b> <u>Mail application to P.O. Box 2286, Austin, Texas 78768-2286</u> (512) 936-3838      FAX (512) 936-3808	Date Approved (Agency Use Only)
		Processed By:
<b>Application for Early Review of Eligibility for Certification</b>		

**\*\*\*\*IMPORTANT INSTRUCTIONS\*\*\*\***

- **MUST CREATE FIDO ACCOUNT FOR REVIEW TO BE PROCESSED.**
- **MUST INCLUDE FEE WITH APPLICATION AND FIDO PIN# ON CHECK OR MO.**
- **MUST MAIL TO ADDRESS AT TOP AND FOLLOW INSTRUCTIONS ON PAGE 2.**

**Fee for Early Review of Eligibility for Certification: \$75.00**

<b>Personal Information:</b>					
FIDOPin No.	Last Name	Suffix	First Name	Middle Name or Initial	
Home Address of Applicant			City	State	Zip Code
Daytime/Cell Phone Number			Email Address		
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	
Driver's License No.	D.L. State	Height (Feet/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 <small>(includes Hispanic)</small>	<input type="checkbox"/> Other: _____	
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 <b>each</b> offense.					

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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The completed form must be mailed to TCFP.** Once received, you will be sent an email with instructions for fingerprinting. You must schedule and submit your fingerprints to IDENTOGO within 15 days of the instructions being sent. Please ensure you include a check or money order with this application. Applications recieved without a check or money order will not be processed.