

Date Received:	Texas Commission on Fire Protection P. O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Date Approved:
Entered By:	Records Review Request Form	Approved By:

Personal Information:		Type or print all information.			
PIN#	Last Name	Suffix:	First Name:	Middle Name/Initial:	
Home Address of Applicant:		City:		State:	Zip Code:
E-Mail Address:					
Phone Number:	Date of Birth	Race or Ethnicity		Sex	
		<input type="checkbox"/> Black	<input type="checkbox"/> White <small>(includes Hispanic)</small>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Discipline Desired: (Please check all that apply)		
Basic Structure Fire Protection <small>(includes FFI, FFII, Aw/Op)</small>	<input type="checkbox"/>	Hazardous Materials Awareness
Fire Fighter I	<input type="checkbox"/>	Hazardous Materials Operations
Basic Aircraft Rescue Fire Protection	<input type="checkbox"/>	Hazardous Materials Technician
Basic Marine Fire Protection	<input type="checkbox"/>	Hazardous Materials Incident Commander
Driver Operator/Aerial Apparatus	<input type="checkbox"/>	Driver Operator/Pumper
Basic Fire Inspector <small>(includes Insp I and Insp II)</small>	<input type="checkbox"/>	Fire Officer I
Fire Inspector I	<input type="checkbox"/>	Fire Officer II
Fire Inspector II	<input type="checkbox"/>	Fire Officer III
Plan Examiner I	<input type="checkbox"/>	Fire Officer IV
Basic Fire/Arson Investigator	<input type="checkbox"/>	Fire and Life Safety Educator I
Instructor I	<input type="checkbox"/>	Instructor II
Incident Safety Officer	<input type="checkbox"/>	Instructor III
	<input type="checkbox"/>	Basic Wildland Fire Fighter
	<input type="checkbox"/>	Intermediate Wildland Fire Fighter
Supporting documentation <i>must be</i> submitted with this form!		

Fee for Records Review is Non-Refundable!	
Fee charged for review of out-of-state or military training records. Also see NOTE below.	\$75.00
<p>NOTE: A records review fee is <u>not</u> charged to an individual submitting for review an Advanced Fire Fighter, Fire Fighter II, or applicable Inspector certificates from the State Firemen and Fire Marshal's Association of Texas.</p> <p>If required, the fee must be submitted with the Records Review Request Form. Payment may be by cashier's check, money order, or personal check.</p>	

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.

Applicant's Signature

Date