

Date Received:	<h2 style="margin: 0;">Texas Commission on Fire Protection</h2> <p style="margin: 5px 0;">P. O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808</p>	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	<input type="checkbox"/>	Hazardous Materials Operations <input type="checkbox"/>	
Fire Fighter I	<input type="checkbox"/>	Fire Fighter II		<input type="checkbox"/>	
Basic Aircraft Rescue Fire Protection	<input type="checkbox"/>	Hazardous Materials Technician		<input type="checkbox"/>	
Basic Marine Fire Protection	<input type="checkbox"/>	Hazardous Materials Incident Commander		<input type="checkbox"/>	
Driver Operator/Aerial Apparatus	<input type="checkbox"/>	Driver Operator/Pumper		<input type="checkbox"/>	
Basic Fire Inspector <small>(includes Insp I and Insp II)</small>	<input type="checkbox"/>	Fire Officer I		<input type="checkbox"/>	
Fire Inspector I	<input type="checkbox"/>	Fire Officer II		<input type="checkbox"/>	
Fire Inspector II	<input type="checkbox"/>	Fire Officer III		<input type="checkbox"/>	
Plan Examiner I	<input type="checkbox"/>	Fire Officer IV		<input type="checkbox"/>	
Basic Fire/Arson Investigator	<input type="checkbox"/>	Fire and Life Safety Educator I		<input type="checkbox"/>	
		Fire and Life Safety Educator II		<input type="checkbox"/>	
Instructor I	<input type="checkbox"/>	Instructor II	<input type="checkbox"/>	Instructor III <input type="checkbox"/>	
Incident Safety Officer	<input type="checkbox"/>	Basic Wildland Fire Fighter	<input type="checkbox"/>	Intermediate Wildland Fire Fighter <input type="checkbox"/>	
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 NOT 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