

**TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION**

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035 Phone (512) 936-7700

<http://www.tcleose.state.tx.us>

**APPOINTMENT APPLICATION (L-1)**

**Commission Rules 217.1, 217.3, 217.7**

**Non-refundable fees required for contract jailer or medical facility officer. Money order or cashier's check**

**SECTION 1 - APPLICANT LICENSE STATUS (5541)**

**New Applicant (never licensed for this type of appointment) §217.1**

Agency must submit one FBI TCLEOSE Applicant fingerprint card stamped "Police Applicant" to Crime Records Division, TX Dept. of Public Safety. Place the submitting agency ORI number in the employer address block. Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy) current criminal history (TCIC and NCIC), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with fingerprint card returns from DPS showing record checks through FBI and DPS. **(Applicant must sign page 2, section I)**

**Already Licensed §217.7**

The agency must conduct a criminal background check, have written consent to view the applicant's employment record(s), obtain a copy of any service or education reports retained by the Commission, and contact each of the applicant's previous employers. Occupation Code (1701.451)(a)(1)(2).

**Check one:**

- License holder with a "180 day break or less in service:"** Agency retains copy of L-1 and F-5R response. Must obtain a copy of old L-2 and L-3 from previous agency.
- License holder with more than a "180 day break in service:"** Agency must retain copy of L-1, new L-2, L-3, current criminal history (TCIC and NCIC), fingerprint card returns submitted to DPS showing record checks through FBI and DPS per §217.7(e), weapons qualifications, if required, according to §217.21 within the last 12 months **(Applicant must sign page 2, section II)**

**SECTION 2 - APPLICANT INFORMATION**

1. TCLEOSE PID <small>Required</small>	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White				7. Date of Birth
8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Driver's License # State: Num.:	11. Education <input type="checkbox"/> GED <input type="checkbox"/> High School	
12. Home Mailing Address	13. City	14. State	15. Zip Code	16. Primary Phone Number ( ) -

**SECTION 3 - APPOINTMENT INFORMATION**

17. Date Appointed	19. License / Appointment Type: <b>(CHECK ONLY ONE)</b> <input type="checkbox"/> Sheriff (Elected or Appointed) <input type="checkbox"/> Constable (Elected or Appointed) <input type="checkbox"/> Chief of Police <input type="checkbox"/> City Marshal <input type="checkbox"/> Peace Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Reserve Officer (licensed reserve or conditional only) <b>\$100.00 Fee Required</b> <input type="checkbox"/> Contract Jailer (5120) <input type="checkbox"/> Medical Facility Police Officer (5125)	
18. Retired State Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Pay Status: <b>(CHECK ONLY ONE)</b> <input type="checkbox"/> Regularly work <b>32 hours a week or more</b> and <b>paid at or above federal minimum wage</b> , eligible for benefits (Full Time) <input type="checkbox"/> Regularly work <b>less than 32 hours</b> and <b>paid at or above federal minimum wage</b> , eligible for benefits (Part Time - Group A) <input type="checkbox"/> Regularly work <b>less than 32 hours</b> and <b>paid at a rate below the federal minimum wage</b> (Part Time - Group B) <input type="checkbox"/> Regularly work in a <b>non paid status</b> (Non Paid / Volunteer)		
21. TCLEOSE Agency Number	22. Appointing Agency	23. Phone Number

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

\_\_\_\_\_  
Name and Title of Chief Administrator or Designee (Type or Print)

\_\_\_\_\_  
Signature of Chief Administrator or Designee

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary public in and for, State of Texas  
My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp

\_\_\_\_\_  
Signature of Notary

**Special Conditions for the Appointment Application (L-1)**

Persons who wish to reinstate their law enforcement officer licenses following a Commission-ordered disciplinary action (suspension or probation) are required to complete the "Licensee Reinstatement Application" prior to submitting this form.

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**SECTION I: Applicant for new license:**

I, the undersigned, attest that I have received a copy of and read Commission Rule 217.1, Minimum Standards for Initial Licensure. I further attest that I meet all requirements for initial licensure as outlined by Commission Rule 217.1.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or License Holder Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary public in and for, State of Texas  
My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp \_\_\_\_\_  
Signature of Notary

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**SECTION II: License holder with over a "180 day break in service:"**

I, the undersigned, attest that I have received a copy of and read Commission Rule 217.7, Reporting the Appointment and Termination of a Licensee. I further attest that I meet all requirements for appointment as outlined by Commission Rule 217.7.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or License Holder Date

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary public in and for, State of Texas  
My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
Printed Name of Notary

Notary Seal or Stamp \_\_\_\_\_