

## **Infrastructure Protection Certificate**

## **Student Information**

First Name Middle Name	Last Name
TEEX ID Number FEMA SID Num	nber (if applicable)
Mailing Address	
City State Zip Code	Home Phone
Agency/Company Information	
Name of Agency/Company	
Address	
City State Zip code	
Phone Number Fax Number	Email Address
Courses Completed - Please indicate which TEEX course(s) you have completed.	
☐ Critical Infrastructure/Key Resources	
☐ Threat and Risk Assessment	
☐ Enhanced Threat and Risk Assessment	
Advanced Critical Infrastructure Protection	
Please mail or fax application to:	
TEEX Public Safety and Security 301 Tarrow College Station, TX 77840	
For additional information: (800) 423-8433 or (979) 845-6677; fax (979) 862-2788 or email us at: publicsafety@teexmail.tamu.edu	
For Office Use Only	
Date application received:	Date application approved:
Approving Program Coordinator or Program Manager:	
Date Certificate Issued:	By: