TEXAS DEPARTMENT OF LICENSING & REGULATION



P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

CRIMINAL HISTORY QUESTIONNAIRE INSTRUCTIONS

- 1. <u>TYPE OF REQUEST</u> Check the box to indicate whether you are applying for a new license or renewing a license.
- 2. <u>TYPE OF LICENSE</u> Provide the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)
- 3. <u>NAME</u> Write your full legal name in the spaces provided. (Last, First, Middle Name)
- SOCIAL SECURITY NUMBER (SSN) Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the <u>Texas Attorney General</u> or call (512) 460-6000 or (800) 252-8014.
- 5. <u>MAILING ADDRESS</u> Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
- 6. <u>PHONE NUMBER</u> Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
- 7. <u>DATE OF BIRTH</u> Provide your birthdate.
- 8. <u>EMAIL ADDRESS</u> Provide your email address. TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.
- 9. <u>COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION</u> ex: Travis, TX; Baxter, AR; Fresno, CA.
- 10. <u>COURT</u> Give the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)
- 11. <u>DATE CRIME COMMITTED</u> Give the date you committed the crime.
- 12. <u>DATE OF THE CONVICTION OR DEFERRED ADJUDICATION</u> Give the date you were convicted or received a deferred adjudication.
- <u>EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION FOR</u> Give the official description of the offense shown on your court records.
- 14. <u>WHAT EXACTLY DID YOU DO (CRIME) AND WHY</u> Give a detailed description of your actions and why you made those decisions, do not simply restate the name of your offense. (If you need more space to write, attach additional sheets)
- 15. <u>SENTENCE OR ACTION IMPOSED BY THE COURT</u> (ex: six months in Travis County Jail, deferred adjudication, probation, etc.)
- 16. <u>RENEWALS</u> If you are renewing your license, did the conviction or deferred adjudication you described in item 11 occur since your license was last issued? Place a check in the box for No or Yes.
- 17. <u>PAROLE</u> If you are not on parole please check No. If you answered Yes list your reporting officer's name and phone number.

- 18. <u>PROBATION</u> If you are not on probation please check No. If you answered Yes list your reporting officer's name and phone number.
- 19. <u>DATE AND SIGNATURE OF APPLICANT</u> Carefully read the statement before signing and dating this criminal history questionnaire.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation P.O. Box 12157 Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and you check or money order. Do not send cash.

For additional information and questions, please visit the <u>TDLR website</u>. You can request assistance or submit required attachments via <u>TDLR webform</u>. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday from 8:00 a.m. until 5:00 p.m. Central Time (excluding holidays).

TDLR ENF003 CHQ rev August 2024



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CRIMINAL HISTORY QUESTIONNAIRE

TDLR must review your criminal history to you have <u>ever</u> been convicted of a felony contendere" (resulting in a deferred adjudio attaching a separate questionnaire form	or misdemeanor (cation) to any in-	(other than a state, out of	a minor traffic violati	on) or p	pleaded quilty or no con	test "nolo
Our review may take several wee TDLR's Enforcement Division at <i>enforcem</i> to our secure site via <u>TDLR webform</u> .	eks to comple ent@tdlr.texas.g	ete. Quest <u>ov</u> . Please r	ions regarding t mail this form to the	his fo addres	rm may be addres ss above, or you may up	esed to the bload this form
Please note, we will not review this form	n unless we hav	ve received	your application o	r reque	est for Criminal Histor	y Evaluation.
1. Type of Request:	2. Ty	pe of Licens				
3. Name:	lenewal		ex: Barbe 4. SS		netologist, Electrician, Tow	ing, etc.
	iddle, Suffix (Jr, Sr		4. 53	_	e instruction sheet for disclosu	
5. Address:		, 111)		(36		
Number, Street Name, St	uite Number/Aparti	ment Number	Ci	ty	State Zi	p Code
6. Phone No:	7. DOB:		8. Email Address:			
(Area Code) Phone Number	Month/Day/Year		See in	e instruction sheet for disclosure information		
9. County and State of conviction or deferr		10. Court:				
			ex: Travis, TX)		(ex: 300th Dist. Ct. or Fed. Ct.)	
			2. Date of conviction or deferred adjudication:			
Month/Day/Y 13. Exact crime you were convicted of or			Month/[Day/Year		
14 . Give a detailed description of your action (if you need more space to write, attached additional		nade those o	decisions; do not sim	ply rest	tate the name of your off	ense:
15 . Sentence or action imposed by the cou	u rt: (ex: six months in	n Travis County	/ Jail)			
16. For renewals, did this conviction or def	ferred adjudicatio	on occur sin	ce last license was i	ssued:	No	Yes
17. Are you currently on parole? No Yes (if yes, list your reporting officer's name and phone number below)						
Parole Officer's Name	-		(A	Area Coo	de) Phone Number	
18. Are you currently on probation?	No 🗌 Yes (if yes	s, list your rep	porting officer's name a	and phor	ne number below)	
Probation Officer's Name	-		(A	rea Cod	le) Phone Number	
19. Date and Signature:						
By signing below, I affirm I am the accurate information, the issuance	applicant comp or renewal of i	pleting this my license	form and understa could be delayed o	and tha or denie	t if I fail to provide full ed.	and
Date Signed				Signa	ature of Applicant	