

TEXAS FUNERAL SERVICE COMMISSION

P.O. Box 12217 - Austin, Texas 78711- 1-888-667-4881 - (512) 936-2474 - FAX (512) 479-5064
www.tfsc.state.tx.us - info@tfsc.state.tx.us

CRIMINAL HISTORY EVALUATION LETTER: DETERMINATION OF ELIGIBILITY REQUEST FORM INSTRUCTIONS

YOUR REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.

GENERAL INSTRUCTIONS

Each individual seeking an eligibility determination must submit to an FBI background check. All forms are available on the TFSC webpage at www.tfsc.state.tx.us. The request form must be completed and signed by the person requesting the evaluation letter. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate sheets of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together with the check or money order on top. Do not use staples.

If you are seeking a determination of your eligibility for more than one license type, you must submit a separate request for each license type.

NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

DATE OF BIRTH – Write the two digit numeric equivalent (example: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Check "M" for Male or "F" for Female.

SOCIAL SECURITY NUMBER – The 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 Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

MAILING ADDRESS – We will mail your correspondence to this address. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required but it helps the postal service direct mail more efficiently and accurately.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

FAX NUMBER – List any fax number where you will be able to receive documents from the TFSC. Leave this blank if you do not have access to a fax machine.

E-MAIL – Please provide your e-mail address.

ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.

LICENSE YOU ARE SEEKING – You must check the box for the license type you are requesting a criminal evaluation letter for. If you plan to apply for more than one license, a separate request must be submitted for each license you will be seeking.

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that information provided on this request form, and any attachments, will be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.

FEES

The fee for this criminal history evaluation: determination of eligibility is **\$95**. All fees are non-refundable. Please send one check or money order for the total amount due, payable to Texas Funeral Service Commission. Fees and documents should be mailed to:

Texas Funeral Service Commission
PO BOX 12217
AUSTIN, TEXAS 78711

ATTACHMENTS

In order to establish the basis for your potential ineligibility please complete the applicable questionnaire listed below:

CRIMINAL HISTORY QUESTIONNAIRE

Attach a completed Criminal History Questionnaire for each conviction or deferred adjudication which you have had.

DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.

Texas Funeral Service Commission

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Web site: www.tfsc.state.tx.us

CRIMINAL HISTORY QUESTIONNAIRE

Non-Refundable fee of \$95.00

The Texas Funeral Service Commission (TFSC) must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, the review can take from one to six weeks to complete. Once the review process has begun a TFSC representative will contact you if necessary. There is a non-refundable fee of \$95.00 for the determination process payable to the Texas Funeral Service Commission. .

Please complete this form if you have been convicted of a felony or misdemeanor. Be specific and provide exact details. **Attach a separate form for each offense.**

Questions regarding this form may be addressed to the Texas Funeral Service Commission's Legal Assistant, Kathy Sparks at kspa@tfsc.state.tx.us, or by telephone at (512)936-2469.

Name: First _____ Middle _____ Last _____

SSN: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ DOB: _____ E-mail: _____

Type of License you are seeking: Provisional Reciprocal Reinstatement
(check one)

County where convicted: _____ Court where convicted: _____
(example: Travis County) (example: 300th District Court)

Date crime committed: _____ Date of conviction: _____

Exact crime you were convicted of:

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets)

Sentence or action imposed by the court: (example: six months in Travis County Jail)

Are you currently on probation? yes no

Are you currently on parole? yes no

If so, list your reporting officer's name: _____ phone number: _____

Are you currently serving community supervision? ___ yes ___ no

If so, list date to be released: _____

Are you currently on mandatory supervision? ___ yes ___ no

If so, list date to be released: _____

Name of community supervisor, address, and telephone number.

You must submit a copy of the final judgment or court decree.

Have you ever applied for an occupational license and it was denied based on any criminal conviction? ___ yes ___ no

If yes, type of occupational license applied for: _____

Full name used on application for the license: _____

Date applied for: _____

Date denied: _____

Name and address of Agency that denied license: _____

Please state the specific reason(s) for the denial:

(SEE NEXT PAGE)

ADDITIONAL INFORMATION:

1. Must submit to an FBI fingerprint background check. (all forms may be downloaded from the TFSC website)
2. Letters of Reference(s) and Recommendation(s) (not to include personal attorney)
3. Statement of interest or intent of becoming a Funeral Director/Embalmer in Texas and why the Texas Funeral Service Commission should approve the request.

I, _____ do hereby certify the attached information is true and correct to the best of my ability. I further authorize the release of information to the Texas Funeral Service Commission for the purpose of determining my eligibility for licensing as a Funeral Director and/or Embalmer in accordance with Texas Administrative Code, Title 22 Part 10, Chapter 203, Rule 203.42 New License Application.

Witness my signature this the ____ day of _____, 20____.

SWORN and SUBSCRIBED TO THIS the ____ day of _____, 20__.

Notary Public