

**TEXAS STATE BOARD OF PLUMBING EXAMINERS**  
**PO BOX 4200, AUSTIN, TEXAS, 78765 • 512-936-5200 • [www.tsbpe.texas.gov](http://www.tsbpe.texas.gov)**

**SUPPLEMENTAL CRIMINAL HISTORY INFORMATION FORM (SCHIF)**

*Revised August 2017*

**READ pages ONE and TWO BEFORE completing this form. Do not leave any spaces blank.**

► Send this form, along with all attachments (as listed on pages 2 and 3), AND your exam, registration, or renewal application with fee in one envelope. Your application will NOT be reviewed until you provide all information, attachments, fee, and sign this form. **YOU MUST SEND ALL ITEMS TOGETHER.**

1. Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_
2. Age \_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_
3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. What are you applying for? (Check One or More):  
 New registration       Examination       Renewal - license or registration # \_\_\_\_\_

5. **Complete all three columns below** by listing ALL CRIMES that you have been convicted of in Texas or any other state or country (excluding minor traffic offenses). Also include **all probation/parole violations**. ALL CONVICTION INFORMATION MUST BE LISTED BELOW. If necessary, you may attach an additional page.

<u><b>Date of Conviction:</b></u>	<u><b>Offense:</b></u>	<u><b>Disposition (Sentence, Probation, Fine, etc.):</b></u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List ALL convictions. If you have more than 3 convictions or need more space, please attach additional sheets or write on the back.**

6. Are you currently incarcerated?  Yes  No If "Yes", expected date of release: \_\_\_\_\_
7. Have you ever been incarcerated?  Yes  No If "Yes", date of last release: \_\_\_\_\_
8. Are you currently on probation or parole?  Yes  No Which one? \_\_\_\_\_
9. Projected completion date of probation or parole: \_\_\_\_\_
10. Probation or Parole Officer's Information: Name \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

**11. IN DETAIL, EXPLAIN THE CHAIN OF EVENTS THAT LED YOU TO COMMIT EACH CRIME LISTED ABOVE. ALSO EXPLAIN THE EVENTS THAT WERE THE CAUSE OF ANY PROBATION OR PAROLE VIOLATIONS. YOU MAY ATTACH ADDITIONAL SHEETS OR WRITE ON THE BACK IF NECESSARY.**

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## **PAGE TWO: TSBPE - SUPPLEMENTAL CRIMINAL INFORMATION HISTORY FORM**

If Page One is incomplete, or you do not submit all of the information requested in the checklist below, your application will NOT be reviewed. You will not be contacted and asked to submit information that you failed to submit.

**Checklist: Check off (✓) each item as you complete it. Submit all items at one time and in one envelope for review and consideration of your application.**

- Application and Fee.** Attach your completed registration, examination, or renewal application and fee.
- SCHIF.** Complete this Supplemental Criminal History Information Form (no items left blank). You must list ALL convictions/crimes AND probation/parole violations under Item No. 5, and explain each conviction/crime and probation/parole violation under Item No. 11 (attach additional pages if needed).
- Proof of Rehabilitation.** Submit letters of recommendation and proof of rehabilitation. Examples include: certificates of completion of rehabilitation classes, courses, or programs and signed and dated letters of recommendation from those who know you. You may submit as many letters as you wish. All letters must be signed, dated, and provide a telephone number to contact the person for verification. **THIS IS YOUR CHANCE TO PROVE YOU HAVE BEEN REHABILITATED.**
- Court Documents.** Attach official COURT documents clearly showing the final judgment and sentence for each felony conviction. Obtain these documents by contacting the district court(s) in each county where your conviction(s) occurred. **Online internet searches are NOT accepted.**
- Probation/Parole Compliance Letter.** If you are currently on probation or parole, you must submit a letter from your probation or parole officer stating that you are in compliance with the terms and conditions of your probation or parole. The letter must be on official letterhead, signed by the officer, and dated.
- Proof of Past and Present Employment.** Attach signed letters from your current and past employer(s). All letters must be on company letterhead, signed by the employer, and dated. **Your current employer's letter MUST state: (1) that he or she is aware of your criminal conviction(s); and (2) why he or she believes you are now rehabilitated and not a threat to the public's health, safety, and welfare.** If you are working for a plumbing company, the letter must be signed by the Responsible Master Plumber. If you are unemployed, include a letter to the Board stating you cannot obtain a current employer letter due to your unemployment status.
- Sex Offender Treatment Evaluation.** If you have a conviction for a sexual offense, you must obtain and provide to the Board the written results of a recently performed standard, nationally recognized test and evaluation by a licensed professional therapist or counselor who is licensed as a Sex Offender Treatment Provider with the Texas Department of State Health Services, to determine the level of likelihood to commit future crimes of a sexual nature.

**PAGE THREE: TSBPE - SUPPLEMENTAL CRIMINAL INFORMATION HISTORY FORM**

- Sign and date this form below, only after you have read, understand and attest to the following statements:

**“I, THE APPLICANT, UNDERSTAND THAT ENTERING FALSE INFORMATION ON THIS FORM, OR SUBMITTING FALSE INFORMATION IN ANY ATTACHMENTS, COULD RESULT IN DENIAL OF MY APPLICATION OR REVOCATION OF MY REGISTRATION(S) OR LICENSE(S) AND THE ISSUANCE OF ADMINISTRATIVE AND CRIMINAL PENALTIES. I AUTHORIZE THE TEXAS STATE BOARD OF PLUMBING EXAMINERS TO VERIFY AND OBTAIN INFORMATION PERTAINING TO MY CONVICTION(S) FROM LAW ENFORCEMENT, CORRECTIONAL OFFICERS, PRESENT AND PAST EMPLOYERS, SEXUAL ASSAULT PROGRAMS, OR ANYONE SPECIFICALLY NOTED ON THIS APPLICATION, AND ANY OTHER PERSONS. BY MY SIGNATURE BELOW, I HEREBY AFFIRM THAT ALL OF THE FACTS, STATEMENTS, AND ANSWERS CONTAINED HEREIN AND ALL ATTACHMENTS ARE TRUE AND CORRECT.”**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**