

**SUPPLEMENTAL CRIMINAL HISTORY INFORMATION FORM**

**USE THIS FORM ONLY WHEN YOU ARE SUBMITTING PAPER CONVICTION DOCUMENTS**

▶ **READ ALL THREE Pages of this form BEFORE completing this form.** ▶ **Do not leave any spaces blank.** ▶ Send this form, along with all required attachments (as listed on page 2 and 3) and your application with fee in one envelope. ▶ Your application will not be scheduled for review until you provide all information, attachments and sign page 3 of this form. Instead, it will remain in a pending status until completed or it expires. ▶ Expired applications require re-submittal with a new fee.

1. Applicant Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date \_\_\_\_\_ Email Address \_\_\_\_\_

2. Age \_\_\_\_ Date of Birth \_\_\_\_\_ Day 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 felonies that you have been convicted of **in this or any other state or country**. Also include all felony **probation/parole violations**. ALL CONVICTION INFORMATION MUST BE LISTED BELOW AND CONTINUED ON ADDITIONAL PAGE, IF NECESSARY.

**Date of Conviction:**                      **Offense Convicted of:**                      **Disposition** (resulting sentence, fine, etc.):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If more than 4 convictions and/or probation or parole violations, you must attach additional sheet to continue list of conviction dates, offenses, probation/parole violations and dispositions.**

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 presently on probation or parole?  Yes  No Which one? \_\_\_\_\_

9. Projected date of completion of probation or parole: \_\_\_\_\_

10. Probation or Parole Officer's Information - Name \_\_\_\_\_

Email address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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**11. YOU MUST explain in detail what you did (to whom, why, when and where) to cause you to be arrested for the crimes of which you were convicted and the reasons for any probation/parole violations. YOU MUST ATTACH ADDITIONAL SHEETS IF NECESSARY TO PROVIDE A FULL EXPLANATION.**

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Your goal is to demonstrate that you are rehabilitated, so put your best effort into completing these steps and attaching all documents. Below is a checklist of all information that is required in order for your application to be reviewed. Only when you complete each item on this checklist and send all attachments will your application be scheduled for review.

▶ If you submit incomplete or partially completed forms or attachments, your application will not be scheduled for review. Instead, it will be placed in pending status until complete or it expires. You will not be contacted and asked to submit information that you failed to submit. If your application expires, you will be required to re-submit a new application, an additional fee and all required information.

**Checklist: Check off ✓ each item as you complete it and submit all items together (in one envelope) to the Board for review and consideration of your application.**

- Attach complete registration, examination or renewal application and fee, or complete an online application and send proof of the online payment.
- Complete this Supplemental Criminal History Information Form (no items left blank). You must list all felony convictions and probation/parole violations under item 5, and explain each conviction and probation/parole violation under item 11 (attach additional pages if needed).
- 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 certified as a Registered Sex Offender Treatment Provider in the State of Texas, to determine the level of likelihood to commit future crimes of a sexual nature.
- 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) criminal record searches are often incomplete and inaccurate and are therefore, not accepted.

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If you are currently on probation or parole you **must** submit a current letter, signed and dated 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. Page 3 of this form provides for the release of this information to the TSBPE.

Attach signed and dated letters on official letterhead from your current and past employer(s). The letter(s) must provide the following information:

**A.** that the employer is aware of **all** your criminal conviction(s)

**B.** why the employer believes you are now rehabilitated

**C.** that the employer believes you are not a threat to the public's health, safety and welfare.

The letter(s) from the past or present employers must be signed and dated by the Responsible Master Plumber(s) if you are/were employed by a plumbing company.

Submit other letters of recommendation and proof of rehabilitation to be considered. Examples would be certificates of successful completion of rehabilitation classes, courses or programs and signed letters of recommendation from anyone who can attest to your rehabilitation. You may submit as many letters as you wish. All letters must be signed and dated and must have a telephone number to contact the person for verification.

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

**“I, THE APPLICANT, UNDERSTAND THAT ANY FALSE INFORMATION ENTERED ON THIS FORM OR INCLUDED IN ANY ATTACHMENTS COULD RESULT IN DENIAL OR REVOCATION OF MY REGISTRATION(S) OR LICENSE(S) AND THE ISSUANCE OF ADMINISTRATIVE AND CRIMINAL PENALTIES.**

**IN ADDITION, 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 Signed**