

SUPPLEMENTAL CRIMINAL HISTORY INFORMATION FORM

IMPORTANT: This form is required only if the applicant has been convicted of a felony in Texas or any other state. Failure to do so will result in the rejection of the associated application without notice. If the applicant has not been convicted of a felony, this form is unnecessary.

Instructions: The Supplemental Criminal History Information Form (SCHIF) provides the TSBPE with additional information regarding offenses that may appear on the applicant’s criminal background check obtained using electronically submitted fingerprints as mandated by the State of Texas.

1. **Read** all pages of this form before completing it.
2. **Do not** leave any spaces blank.
3. **Submit** this form along with all required attachments and proof of previously submitted application (if applicable).
4. **Incomplete forms** will not be scheduled for review and will remain in pending status until completed or expired. The applicant will not be contacted if there is missing or incomplete information.
5. **Expired applications** require resubmission with a new fee.

Applicant Information

Last name (Print) _____ First _____ M _____

Email (Required) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Last 4 of Social _____

Application type: Apprentice Registration Examination
 Renewal (License or registration #) _____

Criminal History: List all felonies and probation/parole violations. Attach additional pages if necessary.

Date of Conviction	Offense	Disposition (Sentence, Fine, etc.)

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Incarceration/Probation/Parole Information

Has the applicant ever been incarcerated? Yes No
If "Yes", date of last release _____

The applicant is presently on: Parole Probation Neither
Projected completion date _____

Parole/Probation Officer Name _____ Email _____

Phone _____ City _____ County _____ State _____

Is a letter of compliance attached? Yes Not applicable

Explanation of Conviction/Violations: Explain what the applicant did, to whom, when, where and why. Attach additional sheets if necessary.

Rehabilitation: Explain how the applicant has been rehabilitated. **If the applicant has any certificates of completion of treatment/rehab programs, attach them to this application and list them here.** Include the names of treatment centers, rehab clinics, and/or similar programs the applicant has taken part in for rehabilitation purposes.

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Supplemental Criminal History Information Checklist: do not submit this application until each of the following are complete:

- List and date all felony convictions and probation/parole violations.
- Provide detailed explanation for each conviction and violation including how and why it occurred.
- Submit a recent evaluation from a licensed professional therapist if convicted of a sexual offense.
- Submit a current and dated compliance letter from the applicant's probation or parole officer, if applicable (see release below).**
- Attach signed letters on official letterhead from current and past employers. The letters must be signed and dated by the RMP if the referenced position was/is at a plumbing company. The letters must include the following information:
 1. That the employer is aware of the applicant's convictions
 2. Why the employer believes the applicant is rehabilitated
 3. That the employer believes the applicant is not a threat to the public
- 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 the applicant's rehabilitation. All letters must be signed and dated and must have a telephone number to contact the person for verification.**
- All included documents are complete, legible and properly formatted.
- Complete this **Supplemental Criminal History Information Form** (all questions answered, none left blank).

The applicant must sign and date this form below, only after they 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 AN ADMINISTRATIVE AND/OR CRIMINAL PENALTY.

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, 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