TEXAS STATE BOARD OF PLUMBING EXAMINERS

929 E 41ST ST, AUSTIN, TEXAS 78751 • 512-936-5200 • tsbpe.texas.gov

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.

<u>Instructions:</u> 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.

Applicant Information

- 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.

Last name (Print)		_First	M_	9,
Email (Required)			Date of Birth_	· m
Address		City	State	Zip
Phone		Last 4 of Social		
Application type:	☐ Apprentice Registration☐ Renewal (License or regi			

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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<u>Su</u>	pplemental Criminal History Information Checklist: do not submit this application until each of the			
fol	lowing 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 occured.			
	ubmit a recent evaluation from a licensed professional therapist if convicted of a sexual offense.			
	ubmit a current and dated compliance letter from the applicant's probation or parole officer, if pplicable (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).			
	e applicant must sign and date this form below, only after they have read, understand and attest to the following tements:			
ΑN	THE APPLICANT, UNDERSTAND THAT ANY FALSE INFORMATION ENTERED ON THIS FORM OR INCLUDED IN ATTACHMENTS COULD RESULT IN DENIAL OR REVOCATION OF MY REGISTRATION(S) OR LICENSE(S) AND E ISSUANCE OF AN ADMINISTRATIVE AND/OR CRIMINAL PENALTY.			
INI PR AP	ADDITION, I AUTHORIZE THE TEXAS STATE BOARD OF PLUMBING EXAMINERS TO VERIFY AND OBTAIN FORMATION PERTAINING TO MY CONVICTION(S) FROM LAW ENFORCEMENT, CORRECTIONAL OFFICERS, ESENT AND PAST EMPLOYERS, SEXUAL ASSAULT PROGRAMS, ANYONE SPECIFICALLY NOTED ON THIS PLICATION AND ANY OTHER PERSONS. BY MY SIGNATURE BELOW I HEREBY AFFIRM THAT ALL OF THE FACTS, ATEMENTS, AND ANSWERS CONTAINED HEREIN AND ALL ATTACHMENTS ARE TRUE AND CORRECT.			
 Sig	nature of Applicant Date			