



SUPPLEMENTAL CRIMINAL HISTORY INFORMATION FORM

Important – This is a Two-Page Form. Read and Complete this Entire Form and Send this Form, All Required Attachments (as listed on page 2) and Your Application in One Envelope. - The Enforcement Committee will not consider your application for examination, registration or renewal if you do not provide all information, attachments and your signature required by this form. Do not leave any spaces blank. If not applicable, write “N/A”.

1. Date _____ Print Name (Last) _____ (First) _____ (Middle) _____

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 of your license or registration # _____

5. **Complete all three columns below** and list **all** felonies and misdemeanors that you have been convicted of **in this or any other state or country**, other than minor traffic violations. **DO NOT WRITE ‘SEE ATTACHED’, ALL CONVICTION INFORMATION MUST BE LISTED AND CONTINUED ON ADDITIONAL PAGE, IF NECESSARY.**

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

If more than 3 convictions, you must attach additional sheet to continue list of conviction date, offense, and disposition.

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. Name of probation or parole officer: _____

Phone No. _____ City _____ County _____ State _____

11. **YOU MUST FULLY AND SPECIFICALLY EXPLAIN** below, what you did to get arrested and convicted of **EACH** of the crimes that you have been convicted of. **YOU MUST ATTACH ADDITIONAL SHEETS IF NECESSARY.**

12. **GO TO PAGE 2 FOR ADDITIONAL REQUIREMENTS**

13. You must send the attachments required under item 13.a, b and c, along with this form and your application for registration, examination or renewal in one envelope:

a. For each MISDEMEANOR conviction, you must send official records showing the judgment and sentence related to **each** misdemeanor (other than minor traffic violations). These official judgment and sentence records may be obtained by contacting the court clerk in the county where you were convicted.

b. For each FELONY conviction, you must:

1. send official records showing the judgment and sentence related to **each** felony conviction. These official judgment and sentence records may be obtained by contacting the court clerk in the county where you were convicted;

2. send official records or statements on official letterhead from the court, probation or parole officer that show that you have paid all outstanding court costs, supervision fees, fines, and restitution ordered for **each** felony conviction and have maintained a record of good conduct;

3. send official records or statements on official letterhead from the court, probation or parole officer that show that you have successfully completed all court ordered rehabilitation classes, courses or programs for **each** felony conviction;

4. send letter(s) of recommendation on official company letterhead signed by your current and previous employers stating that you have maintained a record of steady employment. The letter(s) must state that your employers have specific knowledge of your criminal history **and** stating the reasons why your employers are recommending that you be considered fit to hold a registration or license and are not a threat to the public's health, safety or welfare;

5. send proof that you have supported your dependents, if any, including records of court mandated child support payments, if applicable; and

c. If you have any conviction of a SEXUAL NATURE, you must (in addition to the requirements under item 13.b.1-5) obtain and provide to the Board the written results of standard nationally recognized testing and evaluations to determine the level of likelihood for you to commit future crimes of a sexual nature. A licensed professional therapist or counselor, who is certified as a Registered Sex Offender Treatment Provider in the State of Texas, must have recently performed these tests and evaluations on you.

14. The Enforcement Committee will also consider (in addition to the above requirements) any other evidence of your rehabilitation that is included in the one envelope with the attachments required above, including successful completion of any voluntary rehabilitation classes, courses or programs and signed letters of recommendation from prosecutors, law enforcement and correctional officers or any other persons. All letters of recommendation must contain the contact information for the person making the recommendation.

I UNDERSTAND THAT THE PENALTIES FOR PERJURY OR TAMPERING WITH A GOVERNMENTAL RECORD THROUGH FALSE ENTRY OF INFORMATION MAY CONSIST OF (1) A FINE NOT TO EXCEED \$4,000.00 (2) CONFINEMENT IN JAIL FOR A TERM NOT TO EXCEED ONE YEAR; OR (3) BOTH SUCH FINE AND CONFINEMENT.

I UNDERSTAND THAT FALSE INFORMATION ENTERED ON THIS FORM OR INCLUDED IN ANY ATTACHMENTS COULD RESULT IN DENIAL OR REVOCATION OF MY LICENSE(S) OR REGISTRATION(S), AND ISSUANCE OF ADMINISTRATIVE PENALTIES AND CRIMINAL CITATIONS AND ANY OTHER REMEDY AVAILABLE UNDER THE LAW.

I ACKNOWLEDGE THAT THE TEXAS STATE BOARD OF PLUMBING EXAMINERS MAY CONTACT THE LAW ENFORCEMENT, CORRECTIONAL OFFICERS, PRESENT AND PAST EMPLOYERS, SEXUAL ASSAULT PROGRAMS, OR ANYONE SPECIALLY NOTED ON THIS APPLICATION AND OTHER PERSONS THAT MIGHT HAVE INFORMATION PERTAINING TO MY CONVICTION(S).

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