

PROBATION DEPARTMENT
STATE OF TEXAS

WARRANT

John A. Garcia

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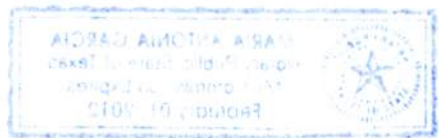
12-24-71

John A. Garcia
Court Reporter

JOHN A. GARCIA

John A. Garcia

John A. Garcia



11/11



FAST
Fingerprint Applicant Services of Texas

INVOICE RECEIVED BY:
GODDARD SERVICES OF TEXAS
12/27/11

**COURT REPORTER
CERTIFICATION BOARD**
(For CSRs Residing in Texas)

This document is your FAST Fingerprint Pass for a state and national criminal history record check. Please schedule a fingerprint appointment by visiting www.L1enrollment.com or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by L-1 Enrollment Services for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth and Home Address. During your Fingerprint appointment you will also be prompted for Social Security Number and Driver License Number. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this document in order to better protect the security of your personal information. You may pay for FAST services online with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

1. Logon to www.L1enrollment.com
2. Select: **Texas**
3. Select: **Online Scheduling**
4. Select: **English or Espanol**
5. Enter: **First and Last Name**
6. Select: **All Others**
7. Select: **Option A – Electronic Submission**
8. Select: **Yes, I have a FAST Fingerprint Pass**
9. Enter: **TX923553Z**
10. Follow the prompts to enter requested information.
11. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

ORI#: TX923553Z Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: Court Reporter Certification Board

Section Two: Applicant Name (To be completed by applicant)

CB Number (i.e., CSR/License #) CB- 02921 (Must be 5 digits starting with zero. For example, 01234 or 00123)

Last: CAVAZOS First: Cynthia Middle: Monique
(Please print) (Please print) (Please print)

Section Three: Waiver Information (To be completed and signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: Cindi Cavazos Date: 11/4/11 457-55-6086

Section Four: Service Center Information (To be completed by FAST Enrollment Officer)

Date Prints Taken 11-4-11 Amount Charged For Service: \$44.20

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: 814495302305

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: Storbyandro E.O. Signature: _____
(Please print)



Texas Registration

Service	Amount	Status
1) Agency fingerprinting submission	\$44.20	Pay on Site
2) Total Amount for requested services	\$44.20	
Pay on Site Total Amount	\$44.20	

L-1 (888) 467-2080

Name: Cynthia Cavazos
 Date Entered: 11/1/2011
 Agency submission Amount: \$44.20

ORI Number: TX923553Z
 Fingerprint Reason: 89: TxGC
 411.1403 Court Reporters
 Certification Board

RegID

PH11006066A

Location Information

EDINBURG
 TEACHERBUILDER . COM
 2524 WEST FREDDY GONZALEZ
 DRIVE, EDINBURG TX

[Google Maps]
 Get Directions

Remember to bring your FAST
 Fingerprint Pass to your appointment

Your Appointment

November 04, 2011 at 10:30 am

Remember to bring a valid photo id to your appointment. Valid photo id's can be found here: [Click here to view Texas Acceptable Identification Documents](#) (opens in a new window)

A photo will be taken for the state of Texas, so please dress appropriately. If you are unable to make your appointment, contact L-1 Enrollment Services at least one day before your appointment at (888) 467-2080 with your registration number to reschedule.

INVOICE RECEIVED BY: *Diana Y*
 GOOGLE SERVICES RECEIVED BY: *Diana Y*
 ON 12/07/11

Please print a copy of this page for your records.

**Texas Court Reporters Certification Board
Transaction Receipt****Receipt**

The State of Texas defines an "Occupational license" to mean "a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility". The use of the term "license" within this application is used as a blanket substitute for the terms certificate, registration, permit, or other form of authorization. Its use does modify any rights, authorities, or responsibilities as provided for under the original document type.

Paying for a license online does not constitute license renewal. The license is renewed only when you actually receive it. Licenses will be mailed within 7 business days of renewal. Selecting "Log Out" concludes the online portion of license renewal.

Trace Number: 204CR36200711
Transaction Date: 12/16/2011 15:24:01
Payment Method: Credit Card
Name: CAVAZOS, CYNTHIA MONIQUE
License Number: 2921
Expiration Date: 12/31/2011
Billing Name: CAVAZOS, CYNTHIA M.
Billing Address: P.O. BOX 531262
Billing City: HARLINGEN
Billing State: TX
Billing Zip Code: 78553
Total Amount Paid: \$210.00
Status: **PAID IN FULL**

[Close Window](#)

INVOICE RECEIVED BY:
Mary
GOOD SERVICES RECEIVED on 12/27/11