

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
Certification No. Discipline Code		Mail application to: P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808
Application for Certification		

Certification fees are **NON-REFUNDABLE**. The \$85.00 fee submitted for certificates not issued will not be returned. There is an \$85 fee for EACH certificate and/or level requested. Fill out applicable sections only.

- ***IMPORTANT*** YOU ARE REQUIRED TO SUBMIT FINGERPRINT DATA FOR A CRIMINAL HISTORY CHECK IF EITHER OF THE FOLLOWING SITUATIONS APPLY TO YOU:**
- YOU HAVE NOT BEEN APPOINTED TO FIRE PROTECTION DUTIES WITH A COMMISSION-REGULATED ENTITY, AND DO NOT HOLD AN ACTIVE CERTIFICATION WITH THE TEXAS COMMISSION ON FIRE PROTECTION.
 - YOU WERE APPOINTED TO FIRE PROTECTION DUTIES WITH A COMMISSION-REGULATED ENTITY PRIOR TO JANUARY 1, 2010, BUT YOU DO NOT YET HOLD AN ACTIVE CERTIFICATION.

SEE THE APPLICATION INSTRUCTION PAGES FOR HOW TO SUBMIT FINGERPRINT DATA.

Personal Information:				
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial
	RAMIREZ		VICTOR	
Home Address of Applicant		City	State	Zip Code
		EDINBURG	TX	78539
Daytime/Cell Phone Number		Email Address		
		RMZWELDING@HOTMAIL.COM		

Current Department Information (employed individuals only):			
FDID No.	Department Name	Station # or Division	Work Phone
24	HIDALGO COUNTY FIRE MARSHAL'S OFFICE	PREVENTION	956-318-2656

Please supply the following information if you do not hold an active certification with the Texas Commission on Fire Protection at this time:					
Previously Used Last Names List all aliases, including maiden name, if applicable.		Previously Used Suffixes	Previously Used First Names	Previously Used Middle Names or Initials	
RAMIREZ			VICTOR		
Driver's License No.	D.L. State	Height (Feet/Inches)	Weight (Pounds)	Hair Color	Eye Color
24963357	TX	5-6	185	BRN	BRN
Date of Birth	Sex	Race or Ethnicity			
04/03/1991	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black	<input checked="" type="checkbox"/> White (includes Hispanic)	<input type="checkbox"/> Other: _____	
High School Diploma?	If no, highest grade completed	GED?	College Degree?	If Degree, what major?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any criminal offense other than minor traffic offenses?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach explanation regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense.					

Certification Applied For: Please check all areas that apply and supply all documentation required. Submit the NON-REFUNDABLE \$85.00 certification fee for each certificate applied for. Incomplete applications and insufficient documentation will result in application being denied.				
Structure Fire Protection	<input checked="" type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
<i>For Basic Structure Fire Protection only:</i> Check type of documented medical training attached, plus license or registration number if applicable	<input type="checkbox"/> (Texas) DSHS Number:	<input type="checkbox"/> NREMT Number:	<input type="checkbox"/> Other Attach course completion certificate	
Aircraft Rescue Fire Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Marine Fire Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Inspector	<input checked="" type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Arson Investigator	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Investigator	<input checked="" type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Service Instructor	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level III - Master
Fire Officer	<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	<input type="checkbox"/> Fire Officer III	<input type="checkbox"/> Fire Officer IV
Hazardous Materials	<input type="checkbox"/> Technician		<input type="checkbox"/> Incident Commander	
Driver/Operator - Pumper	<input type="checkbox"/> Basic			
Wildland Fire Protection	<input type="checkbox"/> Basic		<input type="checkbox"/> Intermediate	
Incident Safety Officer	<input type="checkbox"/> Basic			

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code, §231.302 for use by the State's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. §601-617 and §651-669).

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification, §421.3."

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Applicant: 

Date: 8-7-13

TCFP-002 R10
06/20/2013

Agency Use	
Control No.	Rev. Code 70

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, VICTOR RAMIREZ, do hereby state that membership in the TEXAS COMMISSION ON FIRE PROTECTION, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

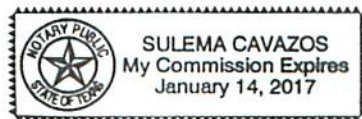
I further state that TCFP is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *[Signature]*
TITLE: Aux Deputy Fire Marshal

DATE: 8/6/13

Before me SULEMA CAVAZOS, a Notary Public, appeared VICTOR RAMIREZ, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(S E A L)



[Signature]
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026
COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
Certification No. Discipline Code		Mail application to: P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808
Application for Certification		

Certification fees are **NON-REFUNDABLE**. The \$85.00 fee submitted for certificates not issued will not be returned. There is an \$85 fee for EACH certificate and/or level requested. Fill out applicable sections only.

- ***IMPORTANT*** YOU ARE REQUIRED TO SUBMIT FINGERPRINT DATA FOR A CRIMINAL HISTORY CHECK IF EITHER OF THE FOLLOWING SITUATIONS APPLY TO YOU:**
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SEE THE APPLICATION INSTRUCTION PAGES FOR HOW TO SUBMIT FINGERPRINT DATA.

Personal Information:				
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial
	Casas		Rolando	
Home Address of Applicant		City	State	Zip Code
		San Juan	Tx	78589
Daytime/Cell Phone Number		Email Address		
		rolando.casas@co.hidalgo.tx.us		

Current Department Information (employed individuals only):			
FDID No.	Department Name	Station # or Division	Work Phone
24	Hidalgo County Fire Marshals Office	Investigations	956-318-2656

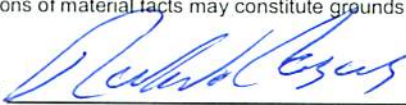
Please supply the following information if you do not hold an active certification with the Texas Commission on Fire Protection at this time:					
Previously Used Last Names List all aliases, including maiden name, if applicable.		Previously Used Suffixes	Previously Used First Names	Previously Used Middle Names or Initials	
Driver's License No.	D.L. State	Height (Feet/Inches)	Weight (Pounds)	Hair Color	Eye Color
Date of Birth	Sex	Race or Ethnicity			
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> White (includes Hispanic)	<input type="checkbox"/> Other: _____	
High School Diploma?	If no, highest grade completed	GED?	College Degree?	If Degree, what major?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of any criminal offense other than minor traffic offenses?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense.					

Certification Applied For: Please check all areas that apply and supply all documentation required. Submit the NON-REFUNDABLE \$85.00 certification fee for each certificate applied for. Incomplete applications and insufficient documentation will result in application being denied.				
Structure Fire Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
<i>For Basic Structure Fire Protection only:</i> Check type of documented medical training attached, plus license or registration number if applicable	<input type="checkbox"/> (Texas) DSHS Number:	<input type="checkbox"/> NREMT Number:	<input type="checkbox"/> Other Attach course completion certificate	
Aircraft Rescue Fire Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Marine Fire Protection	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Inspector	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Arson Investigator	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Investigator	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master
Fire Service Instructor	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level III - Master
Fire Officer	<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	<input type="checkbox"/> Fire Officer III	<input type="checkbox"/> Fire Officer IV
Hazardous Materials	<input type="checkbox"/> Technician		<input type="checkbox"/> Incident Commander	
Driver/Operator - Pumper	<input type="checkbox"/> Basic			
Wildland Fire Protection	<input checked="" type="checkbox"/> Basic		<input type="checkbox"/> Intermediate	
Incident Safety Officer	<input type="checkbox"/> Basic			

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code, §231.302 for use by the State's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. §601-617 and §651-669).

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification, §421.3."

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Applicant: 

Date: 8/6/13

TCFP-002 R10
06/20/2013

Agency Use	
Control No.	Rev. Code 70

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, ROLANDO CASAS, do hereby state that membership in the TEXAS COMMISSION ON FIRE PROTECTION, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
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 - Periodicals
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 - Annual Conference
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FOR STATEWIDE ASSOCIATIONS ONLY

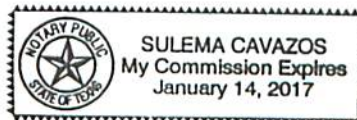
I further state that TCFP is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Rolando Casas*
TITLE: Deputy Fire Marshal

DATE: 8/7/13

Before me SULEMA CAVAZOS, a Notary Public, appeared ROLANDO CASAS, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(S E A L)



Sulema Cavazos
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026

COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
Certification No. Discipline Code		Approved By
	Mail application to: P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	
	Application for Certification	

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SEE THE APPLICATION INSTRUCTION PAGES FOR HOW TO SUBMIT FINGERPRINT DATA.

Personal Information:				
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial
	Sanchez		Eric	lee
Home Address of Applicant		City	State	Zip Code
		San Juan	Tx	78589
Daytime/Cell Phone Number		Email Address		
		eric.sanchez@co.hidalgo.tx.us		

Current Department Information (employed individuals only):			
FDID No.	Department Name	Station # or Division	Work Phone
24	Hidalgo County Fire Marshals Office	Investigations	(956)318-2656

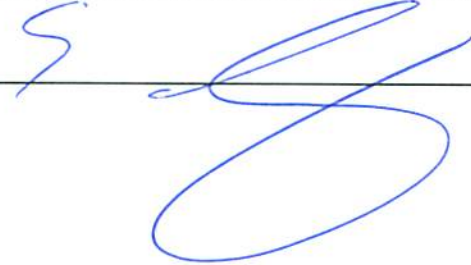
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Previously Used Last Names List all aliases, including maiden name, if applicable.		Previously Used Suffixes	Previously Used First Names	Previously Used Middle Names or Initials	
Driver's License No.	D.L. State	Height (Feet/Inches)	Weight (Pounds)	Hair Color	Eye Color
16547463	Tx	5-10	160	BRO	BRO
Date of Birth	Sex	Race or Ethnicity			
12/03/1981	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black	<input checked="" type="checkbox"/> White (includes Hispanic)	<input type="checkbox"/> Other: _____	
High School Diploma?	If no, highest grade completed	GED?	College Degree?	If Degree, what major?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Have you ever been convicted of any criminal offense other than minor traffic offenses?					
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By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Applicant: 

Date: 08.06.13

TCFP-002 R10
06/20/2013

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**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**


**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, ERIC SANCHEZ, do hereby state that membership in the TEXAS COMMISSION ON FIRE PROTECTION, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
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 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY


I further state that TCFP is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: Deputy Fire Marshal

DATE: 08 07 13

Before me SULEMA CAVAZOS, a Notary Public, appeared ERIC SANCHEZ, and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(SEAL) 


NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026