

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

Certification fees are **NON-REFUNDABLE**. The \$85 fee submitted for certificates not issued will **not** be returned.

<input type="checkbox"/> Head of Suppression/Prevention Department		<input checked="" type="checkbox"/> Head of a Prevention Only Department			
Personal Information:					
Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial	
20336	GARZA		HOMERO		
Home Address of Applicant			City	State	Zip Code
504 MARTHA ST.			SAN JUAN	TEXAS	78584
Applicant Email					
HOMERO.GARZA@CO.HIDALGO.TX.US					

Please supply the following information if you do not hold an active certificate 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	
Daytime Phone Number	Driver's License No.	D.L. State	Height (Feet and 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 yes, which 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.						

Current Fire Department Information:

FDID No.	Department Name	Phone No. (non-emergency)	Fax No.	
24	Hidalgo County Fire Marshals Office	(956) 318-2656	(956) 318-2697	
Mailing Address		City	State	Zip Code
1903 KNIGHTS DRIVE		Pharr	Tx	78577

In order to be certified as the head of a department (either Head of a Suppression/Prevention Department or Head of a Prevention Only Department) an individual must meet certain requirements **and submit documentation** of meeting those requirements. Incomplete applications and insufficient documentation will result in this application being denied.

See Chapter 449, "Head of a Fire Department," for the requirements for certifications as Head of a Suppression/Prevention Department and Head of a Prevention Only Department.

See Chapter 421, "Standards for Certification," rule 421.5 Definitions for the requirements of Fire Protection Personnel.

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 Texas Commission on Fire Protection. I also attest that I am assigned as indicated on this form, and that I am the department head of a fire department, as defined in Texas Government Code, §419.021 (Definitions).

Signature of Applicant:



Date:

2/20/2017