

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		

All TCFP fees are **NON-REFUNDABLE**. The \$85 fee submitted for certificates not issued will **not** be returned. There is an \$85 fee for EACH certificate and/or level requested.

*****IMPORTANT*****

YOU ARE REQUIRED TO SUBMIT FINGERPRINT DATA FOR A CRIMINAL HISTORY CHECK IF YOU HAVE NOT BEEN APPOINTED TO FIRE PROTECTION DUTIES WITH A COMMISSION-REGULATED ENTITY AND/OR DO NOT HOLD AN ACTIVE CERTIFICATION WITH THE TEXAS COMMISSION ON FIRE PROTECTION.

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
2144708805	Perez		Herman	Daniel
Home Address of Applicant		City	State	Zip Code
		Edinburg	Tx	78541
Daytime/Cell Phone Number		Email Address		
(956) 318-2656		herman.perez@co.hidalgo.tx.us		

Current Department Information (employed individuals only):			
FDID No.	Department Name	Station # or Division	Work Phone
	Hidalgo County Fire Marshal's Office		(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	
Perez			Herman	Daniel	
Driver's License No.	D.L. State	Height (Feet/Inches)	Weight (Pounds)	Hair Color	Eye Color
	Tx	5 11"	261	Bald	Brown
Date of Birth	Sex	Race or Ethnicity			
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Justice	
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 **copies** of documentation required. **Mail your completed application, non-refundable fee(s), and any required supporting documentation to the PO Box listed at the top of page one of the application.** Incomplete applications and insufficient documentation may 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: Check type of documented medical training attached, plus license or registration number if applicable</i>	<input checked="" 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 checked="" 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	<input type="checkbox"/> Pumper		<input type="checkbox"/> Aerial	
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: 8/21/2017

TCFP-002 | **INSTRUCTIONS FOR HOW TO SUBMIT FINGERPRINT DATA.**

TCFP-002 R12
5/18/2017

Agency Use	
Control No.	Rev. Code 70

*****DO NOT SUBMIT INSTRUCTIONS WITH APPLICATION*****

Required Criminal History Checks

Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.

- Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process now by simply clicking on this link:**
<https://uenroll.identogo.com/servicecode/11G69S>
 - b. Provide all required pre-enrollment data and select a convenient date and time for your appointment
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G69S**), then call **888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G69S**);
 - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment
2. Arrive at your scheduled appointment with your photo identification and fee
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here:
<http://www.t1enrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - **Please note that personal checks and cash are not accepted.**
 3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
 4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G69S> and then click "**Check Status**"

IMPORTANT NOTE: Criminal history information based upon submitted fingerprints is only available to the Commission for a limited time. Therefore, submission of your Application for Certification to the Commission should be coordinated with a fingerprint submission.

TCFP-002	Instructions for Application for Certification *****DO NOT SUBMIT INSTRUCTIONS WITH APPLICATION*****
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Purpose: This TCFP-002 form is to be utilized by all individuals requesting any certification with the Commission except for Head of Department certification.

The boxes at the top left (date received & Certification No./discipline code) and top right (date approved and approved by) of the form are reserved for agency use only.

Social Security No. or PIN: Provide either the applicant's social security number or the personal identification number assigned to the applicant by the commission.

Last Name: The applicant's last name.

Suffix: Examples: Jr., Sr., III, etc.

First Name: The applicant's first name.

Middle Name or Initial: The applicant's middle name or middle initial (if the applicant has one).

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Home Address of Applicant: Street, city, state and zip code information.

Daytime Phone Number, Email Address: Please provide so that commission can contact you if necessary while processing application.

FDID No.: The identification number assigned to the department by the commission (**if known**).

Department Name: The name of the department that the applicant is either employed with or is a member of.

Previously Used Last Names: Supply applicant's maiden name, if applicable, and any and all aliases used by the applicant.

Driver's License No.: The applicant's driver's license number.

D.L. State: The state that issued the driver's license.

Height: The applicant's height in feet and inches.

Weight: The applicant's weight in pounds.

Hair Color: The applicant's natural hair color.

Eye Color: The applicant's natural eye color.

Date of Birth: The date the applicant was born as recorded on the birth certificate.

Sex: Check the appropriate box.

Race or Ethnicity: Check the appropriate box.

High School Diploma: Yes/No. If no, list the highest grade completed.

GED: Yes/No.

College Degree: Yes/ No. If yes, list the major.

Conviction of Criminal Offense: Yes/No. Check "yes" or "no" as appropriate for the applicant. This information is required to perform the background check that is required by state law for all **first-time** certifications issued by this agency. If yes, attach an explanation for any convictions other than minor traffic violations.

Certification Applied For: Check the certification(s) box for which application is being made. More than one certification may be requested on an application. All requests for certification must be accompanied by the required supporting documentation. Any application that is received without the required documentation will be considered incomplete.

The processing fee indicated on the application is required with each certification for which application is being made. This is a non-refundable fee. Make the check or money order payable to the Texas Commission on Fire Protection.

REFER TO THE APPLICABLE CHAPTER OF THE COMMISSION'S STANDARDS MANUAL FOR EACH OF THE FOLLOWING WHEN APPLYING FOR CERTIFICATION:

[Standards Manual](#)

Structure Fire Protection: Chapter 423, Subchapter A

Documentation verifying successful completion of a Commission-recognized emergency medical course is required with an application for Basic certification. The application will be considered incomplete if the required documentation is not received.

Aircraft Rescue Fire Protection: Chapter 423, Subchapter B

Marine Fire Protection: Chapter 423, Subchapter C

Fire Inspector: Chapter 429.

Arson Investigator: Chapter 431, Subchapter A.

Submission of a copy of the applicant's TCLEOSE license and a completed TCFP-004 Confirmation of Commission are required to process an application for Basic certification. Federal law enforcement officers who voluntarily seek Commission certification as Arson Investigator are not required to be TCLEOSE certified, but documentation of their status as a federal law enforcement officer will be required.

Fire Investigator: Chapter 431, Subchapter B

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Fire Instructor Chapter 425

Fire Officer: Chapter 451

Hazardous Materials Technician: Chapter 453, Subchapter A.

Hazardous Materials Incident Commander: Chapter 453, Subchapter B.

Driver/Operator – Pumper: Chapter 433, subchapter A

Driver/Operator – Aerial: Chapter 433, subchapter B

Wildland Fire Protection: Chapter 455.

Incident Safety Officer: Chapter 457.

Higher Levels of Certification: Check the level(s) for which you are applying. More than one level of certification may be requested on an application. All requests for certification must be accompanied by the required supporting documentation. Any application that is received without the required documentation will be considered incomplete.

There is an associated fee required for each level of certification requested. **This is a NON-REFUNDABLE FEE.** Make the check or money order payable to the Texas Commission on Fire Protection.

You must hold the prerequisite level of certification to qualify for the next level. Applicants may apply for one more than one level of certification on the same application (if qualifications are met).

See the appropriate chapter of the Commission’s Standards Manual for the type of training required to obtain a higher level of certification.

Examples of acceptable documentation of submitted training:

- A copy of a Certificate of Completion from an A- or B-list course
- A copy of a TCFP certification for a discipline that qualifies as an A- or B-list course or write using “A” and/or “B”list courses on file at the top of the application
- A copy of an OFFICIAL college transcript (**DO NOT SEND ORIGINALS**). Only semester hour credit in approved subject areas may be used to satisfy training requirements. **Continuing education credit on a transcript may not be used.**

Signature of Applicant/Date: The applicant’s legal signature with the date the applicant signed the form. This is required to attest to the accuracy of the submission.

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Requisition

Req # 00348570

PO #

Date: 08/21/17

Bill To: x
x

Vendor : 162663
 TEXAS COMMISSION ON FIRE PROTECTION
 FIRE SERVICE STANDARDS & CERT DIV
 P.O. BOX 2286
 AUSTIN TX 78768-2286
 FAX (512)239-4918

Ship To: FIRE MARSHAL
 1903 NORTH KNIGHTS DRIVE
 PHARR TX 78577

Contact: SULEMA CAVAZOS
 956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	DO NOT DUPLICATE ORDER CERTIFICATION FEES FOR DEPUTY FIRE MARSHAL HERMAN PEREZ FOR BASIC ARSON INVESTIGATOR <u>Account No</u> 7-1100-422-10-300-001-0-811	85.00	85.00
			<u>Encumbrance</u>	
			85.00	
			Freight	.00
			Total	85.00

Authorized By: _____