

Texas Funeral Service Commission Criminal History Evaluation

This evaluation allows a person who is considering a career as a Funeral Director or Embalmer to seek a Criminal History Evaluation Letter to determine the person's eligibility for licensure PRIOR to him/her beginning occupational training or investing in a licensing examination (Occupations Code, Subchapter D. Preliminary Evaluation of License Eligibility). Depending on a person's criminal history, the review can take from one to six weeks to complete. Once the review process has begun, TFSC staff may contact the applicant if necessary.

A REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.

General Instructions & Checklist:

- A completed and signed Criminal History Evaluation Form (attached) for EACH conviction or deferred adjudication.

- A completed FBI background check (attached).

- A copy of the final judgment or court decree for EACH conviction or deferred adjudication.

- Letters of Reference & Recommendation (not to include personal attorney or family members).

- Statement of interest or intent of becoming a Funeral Director/Embalmer in Texas and why the Texas Funeral Service Commission should approve the request.

- \$95** Criminal History Evaluation Fee. One fee will cover all forms completed. All fees are non-refundable. Please send one check or money order for the total amount due payable to Texas Funeral Service Commission.

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that all information provided on this request form, and any attachments, will be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.

DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.

Mail completed forms to:
Texas Funeral Service Commission
PO Box 12217
Austin, Texas 78711

Texas Funeral Service Commission Criminal History Evaluation Form

Please complete this form if you are seeking a Criminal History Evaluation Letter from the Commission. Be specific and provide exact details. **Attach a separate form for each offense.**

All information provided must be typed or printed in black or blue ink. Any attachments must be submitted on separate sheets of single-sided, 8½ x 11 paper. Use a paperclip to fasten all pages together with the check or money order on top. Do not staple.

Name: First _____ Middle _____ Last _____ Suffix _____

Alias/AKA: _____

SSN: _____ DOB: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

E-mail: _____

Type of License Potentially Seeking: Funeral Director ____ Embalmer ____ Both ____

County where convicted: _____ Court where convicted: _____

Date crime committed: _____ Date of conviction: _____

Exact crime you were convicted of: _____

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) _____

Sentence or action imposed by the Court: _____

Are you currently on probation? ____ Yes ____ No

Are you currently on parole? ____ Yes ____ No

If so, list your reporting officer's name: _____ Phone number: _____

Are you currently serving community supervision? ____ Yes ____ No

If so, list date to be released: _____

Are you currently on mandatory supervision? ____ Yes ____ No

If so, list date to be released: _____

Name of Community Supervision Officer: _____ Phone: _____

Have you ever applied for an occupational license that was denied based on any criminal conviction? ___ Yes ___ No

If yes, Type of Occupational license applied for: _____

Agency that Denied License: _____

Full name used on application for denied license: _____

Date applied: _____ Date denied: _____

Specific reason(s) for the denial: _____

Questions regarding this form may be addressed to the Texas Funeral Service Commission's Legal Assistant, Kathy Sparks at kathy@tfsc.texas.gov or by telephone at (512)936-2469.

I, _____ do hereby certify the attached information is true and correct to the best of my ability. I further authorize the release of information to the Texas Funeral Service Commission for the purpose of determining my eligibility for licensing as a Funeral Director and/or Embalmer in accordance with Texas Administrative Code, Title 22 Part 10, Chapter 203, Rule 203.17, Criminal History Evaluation Letter.

Applicant Signature

Subscribed and sworn to before me this _____ day of _____
20_____.

(SEAL)

Notary Public in and for the State of Texas

My commission expires _____

Instructions for Obtaining Fingerprint Criminal Record Checks for Licensure

A DPS/FBI fingerprint criminal history record check that shows any criminal record of the person is valid for six (6) months only. If an eligibility determination is not obtained within six months, the person may be required to obtain a new DPS/FBI fingerprint criminal record check before the Commissioners act on the evaluation.

Texas Applicants: Process for Obtaining Fingerprint Criminal Record Checks

A person seeking a criminal history evaluation prior to applying for licensure with the TFSC who resides in Texas is required to obtain a fingerprint criminal record check through the Fingerprint Applicant Service of Texas (FAST). This is a DPS program that provides electronic capture and submission of your fingerprints. This is the fastest and highest quality option available.

A person should complete the Applicant Information Section of the FAST form provided below. Then contact the FAST vendor, Integrated Biometric Technology (IBT), at 1-888-467-2080 or visit <http://www.ibtfingerprint.com> to schedule an appointment online at one of the 70 vendor sites in Texas. The vendor will collect the total payment of \$44.20. (Of this amount, \$34.25 is for Texas DPS and \$9.95 is for the vendor service.) The vendor forwards the electronic fingerprints to DPS.

Out-of-State Applicants: Process for Obtaining Fingerprint Criminal Record Checks

A person seeking a criminal history evaluation prior to applying for licensure with the TFSC who resides out-of-state should make his/her request in writing to the TFSC to obtain the required out-of-state fingerprint criminal record check packet.

There is no charge for this fingerprint packet. The packet will include the fingerprint card to obtain the manual fingerprints, an instruction sheet about the process, a Texas scan card authorization form, and an envelope addressed to the Texas vendor: Integrated Biometric Technology (IBT). Per the instructions, the person must take the fingerprint card to a law enforcement agency in the person's state. The fingerprint card must be signed by a law enforcement official in the appropriate block. Please follow the directions on this form and provide all information on the form EXCEPT: Your No.; FBI No.; Armed Forces No.; Miscellaneous No.; or Reason Fingerprinted.

After your fingerprints have been taken, please return the completed fingerprint card in the envelope provided, along with the completed Texas scan card authorization form, and a check or money order made payable to IBT in the amount of \$44.20, to IBT, 1650 Wabash Avenue, Suite D, Springfield, IL 62704. (Of this amount, \$34.25 is for Texas DPS and \$9.95 is for the vendor service.) The vendor forwards your digitized manual fingerprints to DPS.



For In-State Applicants (Texas Residents Only):

This document is your **FAST Pass** to be fingerprinted for a Texas criminal history record check. You must schedule a fingerprint appointment by visiting www.ibtfingerprint.com or by calling 1-888-467-2080. 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 TXDPS/FBI with results delivered to this agency within one week.

1. Logon to www.ibtfingerprint.com and select **Texas**
2. After Language option, select: **All Others** for Reason Fingerprinted
3. Select: **Option A-Electronic Submission**
4. Select: **Yes I have a FAST Pass**
5. Enter: **TX923439Z** when prompted for Agency Number/ORI
6. Follow the prompts to enter your personal information and select service location, date and time.
7. Bring this completed form with you to your appointment.

Section One: Agency Information

Agency/ORI: **TX923439Z** Agency Name: Texas Funeral Service Commission

Reason for Fingerprinting: Criminal History Evaluation

Agency Assigned Applicant number N/A Original TCN _____
(If required by Agency) (If resubmission for rejected fingerprints)

Section Two: Applicant Information (To be completed by Applicant)

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)

Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)

Place of Birth _____ Citizenship _____ Social Security No. _____
(state or country) (country)

DL / ID No. _____ State Issuing DL / ID No. _____

Home Address _____
Street Address City State Zip

Section 3: Service Center Information (To be completed by FAST Live Scan Operator)

Date Prints Taken _____ Amount Charged For Service: **\$44.20**

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN _____

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

Printed Name of LSO: _____

Signature of LSO: _____



FAST

Fingerprint Applicant Services of Texas

Out-of-State Applicants Fingerprint Card Scan Authorization Form:

Please print legibly and complete all fields in Section 2 (Applicant Information). Mail this form, along with your completed fingerprint cards and a check for \$ 44.20 to:

IBT
1650 Wabash Avenue, Suite D
Springfield IL 62704

Make checks payable to "IBT"

Section One: Agency Information (To be completed by Requesting Agency)

Agency ORI TX923439Z Agency Name Texas Funeral Service Commission

Reason for Fingerprinting: Criminal History Evaluation

Agency Assigned Applicant Number N/A Original TCN _____
(if required by Agency) (if resubmission for rejected prints)

Section Two: Applicant Information (To be completed by Applicant)

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)

Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)

Place of Birth _____ Citizenship _____ Social Security No. _____
(state or country) (country)

DL / ID No. _____ State Issuing DL / ID No. _____

Home Address _____
Street Address City State Zip