

enforcement representative.

Training Advisory Board Eligibility Verification

Texas Occupations Code Sections 1701.252 and 1701.052

▶ Instructions

Fill out and submit this form to apply for appointment to the Training Advisory Board. (The Department of Insurance's Fraud Unit is required to keep a copy of your form on file for the Texas Commission on Law Enforcement.)

Information about yourself			
Ac	visory board member name		
Ma	ailing address		
Cit	y State ZIP		
Ph	one Email		
1.	. Are you or your spouse licensed by an occupational regulatory agency in the field of law enforcement No Yes		
2.	Are you or your spouse employed by or participate in the management of a business entity or other organization regulated by the Texas Commission on Law Enforcement (TCOLE) or that receives funds fr TCOLE?		
	□ No □ Yes		
3.	Do you or your spouse own or control, directly or indirectly, more than 10% interest in a business entity or other organization regulated by TCOLE or receive funds from TCOLE? No Yes		
4.	Do you or your spouse receive a substantial amount of tangible goods, services, or funds from TCOLE other than compensation or reimbursement authorized by law for commission membership, attendance, expenses? No Yes		
5.	Are you or your spouse an officer, employee, or paid consultant of a law enforcement labor union? No Yes		
	• If you answered " No " to all questions above, check here — I am eligible to serve as a public member.		
	• If you answered " Yes " to one or more questions above, check here – I am considered a law		

▶ Background

If y	ou answer "Yes" to any of the following questions, please provide explanations on a separate sheet.
1.	Have you ever been indicted, convicted, or had adjudication deferred for a misdemeanor or felony? No Yes
2.	Are you or any company in which you have a controlling interest delinquent in any local or state taxes?
3.	Have you ever had any fines, suspensions, revocations, investigations, or other actions taken against a professional license you hold? No Yes
4.	Within the last ten years, have you been investigated, reprimanded, fined, or suspended from doing business with any state or federal agency? No Yes
5.	Do you have any interest in a company that does business with the State of Texas? No Yes
6.	Do you serve on any local or state board, commission, committee, or in any elected office? No Yes
7.	Are you, someone related to you, or an individual residing in the same household as you: an officer, director, employee, or consultant of an insurance company, insurance agency, agent, broker, solicitor, adjuster, insurance industry-related association, or any other entity or person regulated by TDI? No Yes
8.	Do you, someone related to you, or an individual residing in the same household as you: own, have a financial interest in, or participate in the management of an organization regulated by TDI? No Yes
9.	Is or has any entity in which you were an officer, director, or employee been a defendant in a lawsuit or the subject of an adverse administrative or regulatory action? No Yes
10.	Are you engaged or employed by an organization that has a contract with an organization regulated by TDI?
	No Yes
11.	Are you associated with any organization formed for the purpose of representing persons or organizations regulated by TDI?
	□ No □ Yes

•	related to you, or an individual residing the state of th	ng in the same household as you required to		
	ມ been a defendant in a lawsuit or th	e subject of an adverse administrative or		
Training				
Have you received the required TCOLE Course #3003 for advisory board members? No Yes Training date:				
If you have not received your appointment.	the TCOLE Course #3003 training, yo	u must complete this training within one year of		
Certification				
Date of appointment	Date of appointment Appointed by (name / title)			
Advisory board memb	Der			
As the appointed / electrue and correct.	ted advisory board member, I am ce	ertifying that the contents of this document are		
Printed name	Signature	Date		
Agency head				
•	ed by TCOLE Rule 215.7 to make app document is true and correct.	pointments to the advisory board, I am certifying		
Printed name	Signature	Date		
Training coordinator				
As the training coordina	ator, I am certifying that the contents	s of this document are true and correct.		
Printed name	 Signature	Date		