



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF261 | 0424

Criminal History Information Supplemental Form

Instructions

- Print or type your information.
- Complete one supplemental form for each conviction. If you include additional information or documents, please specify which question the information or documents relate to.
- Information on this form is requested under the Texas Occupations Code, [Sections 53.021-53.0231](#), and the Texas Administrative Code, [Section 403.7\(b\)\(5\)\(6\)](#).
- Answer questions completely and truthfully. We may deny, suspend, or revoke your license or permit if you misrepresent or knowingly give wrong information on this document.

1. General information. (Use your full name as it appears on your driver's license.)

First name	Middle name	Last name	Suffix
------------	-------------	-----------	--------

Type of license for which you are applying.

2. Crime and conviction information.

Type of crime	Level of offense
---------------	------------------

Date of crime	Time of day of crime
---------------	----------------------

Sentence date	Confinement time (days, months, years)	Probation time (days, months, years)
\$	\$	
Fine	Court cost	

- Were you at work at the time of the crime?
 Yes No
- Are you currently incarcerated?
 Yes No
- Are you currently on probation?
 Yes No **If yes**, what date will you complete your probation? _____

d. Are you currently on parole?

Yes No **If yes**, what date will you complete your parole? _____

Name of probation/parole officer

Phone

City

State

County

e. Did the court order you to take any classes, attend counseling or meetings like AA?

Yes No

f. If yes, have you completed the corrective activity?

Yes No

g. Do you expect to continue this corrective activity?

Yes No

h. Did the crime occur due to a mental or physical disability?

Yes No

3. Nature and seriousness of the crime. [Occupations Code Section 53.022(1)]

Describe in detail the circumstances of your conviction. (When, where, and how)

Why do you think you committed this crime?

Do you believe this was a serious crime? Yes No

Explain: _____

Do you believe this crime seriously endangered other people? Yes No

Explain: _____

4. Relationship of the crime to the purpose of the license. [Occupations Code Section 53.022(2)]

Note: The license or permit for which you applied is issued because your work is critical to the life safety and protection of property. During an emergency, the public you serve must trust that you can do or have done your job properly.

Based on this conviction, why should the public trust your work?

5. Extent the license may offer further criminal opportunity. [Occupations Code Section 53.022(3)]

In what ways could this license or permit allow you to commit this crime again?

6. Relationship of the crime to the ability or capacity of the license. [Occupations Code Section 53.022(4)]

How will the crime you were convicted of affect your ability to do your job?

7. Relationship between the crime and the duties and responsibilities of the licensed occupation. [Occupations Code Section 53.022(5)]

Is there any connection between this crime and your job duties? Yes No

If yes, explain: _____

8. Past criminal activity information. [Occupations Code Section 53.023 (a)(1)]

Do you have more than one criminal conviction? Yes No

If yes, explain why you believe you have now been rehabilitated? _____

9. Age at the time of crime. [Occupations Code Section 53.023 (a)(2)]

How old were you at the time of the crime? _____

10. Work activity before and after the crime. [Occupations Code Section 53.023 (a)(4)]

Provide the following information about your work activity before and after the crime.

a. Employer information

Company City State ZIP

From: To: _____

Employment dates Manager's name

Describe your job duties.

Reason for leaving this employer.

b. Employer information

Company City State ZIP

From: To: _____

Employment dates Manager's name

Describe your job duties.

Reason for leaving this employer.

c. Employer information

Company City State ZIP

From: To: _____

Employment dates Manager's name

Describe your job duties.

Reason for leaving this employer.

d. Employer information

Company	City	State	ZIP
---------	------	-------	-----

From: To:

Employment dates	Manager's name
------------------	----------------

Describe your job duties.

Reason for leaving this employer.

e. Employer information

Company	City	State	ZIP
---------	------	-------	-----

From: To:

Employment dates	Manager's name
------------------	----------------

Describe your job duties.


Reason for leaving this employer.

11. Evidence of rehabilitative effort. [Occupations Code Section 53.023 (a)(5)]

List all classes, meetings, or other rehabilitative efforts you have made.

12. Evidence of compliance with any conditions of community supervision, parole, or mandatory supervision. [Occupations Code Section 53.023(6)]

Were you ordered to complete any court ordered community supervision, parole, or mandatory supervision? Yes No

 **If yes**, include the necessary documentation along with this form.

13. Letters of recommendation. [Occupations Code Section 53.023(7)]

Provide at least three letters of recommendation or evidence of fitness for the license for which you are applying. Letters of recommendation must be signed by the individual providing the letter.

14. Certification

- I give the Texas State Fire Marshal’s Office authority to contact law enforcement officers, correctional officers, present and past employers, sexual assault programs, anyone noted on this application, and anyone else who might have information relevant to my application.
- I verify that the information on this form and any attachments are true, correct, and complete to the best of my knowledge.
- I understand that knowingly providing a false answer to any question or submitting false information or documents with this form may be tampering with a governmental record, which is punishable under Texas Penal Code, Section 37.10 and Texas Insurance Code, Article 21.47.

Applicant signature

Date

Printed name

15. Send this completed form by mail or email to:

Mailing address

State Fire Marshal’s Office
PO Box 12107
Austin, Texas 78711-2107

Email:

FMLicensing@tdi.texas.gov

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email FMLicensing@tdi.texas.gov. There may be a fee to update information held by SFMO.