Texas Department of Licensing and Regulation

P.O. Box 12157 - Austin, Texas 78711-2157 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - Enforcement@tdlr.texas.gov

CRIMINAL HISTORY EVALUATION LETTER: DETERMINATION OF ELIGIBILITY REQUEST FORM INSTRUCTIONS

If you are also submitting an application, do not fill out or submit this form. This form is not part of the application process.

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

GENERAL INSTRUCTIONS

The request form must be completed and signed by the person requesting the evaluation letter. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. Please do not use staples.

If you are seeking a determination of your eligibility for more than one license type you must submit a separate request and applicable fee for each license type. **You do not have to submit a separate request for each crime.**

If one check will be used to pay for multiple requests, a Combined Check Worksheet must be completed and submitted with the requests and payment. The Combined Check Worksheet is available on the Department's website.

NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

DATE OF BIRTH – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Check "M" for Male or "F" for Female.

SOCIAL SECURITY NUMBER – The Social Security Number disclosure is required by Section 231.302 (1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

FAX NUMBER – List any fax number where you will be able to receive documents from the Department. Leave this blank if you do not have access to a fax machine.

E-MAIL – Please provide your e-mail address. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.

LICENSE YOU ARE SEEKING – You must check the box for the license type you are requesting a criminal evaluation letter for. If you plan to apply for more than one license, a separate request and applicable fee must be submitted for each license you will be seeking.

SIGNATURE

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that 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.

ATTACHMENTS

In order to establish the basis for your potential ineligibility please complete the applicable questionnaires listed below:

CRIMINAL HISTORY QUESTIONNAIRE

Attach a completed Criminal History Questionnaire for each conviction or deferred adjudication which you have had. This questionnaire is found at:
http://www.tdlr.texas.gov/misc/LIC002.pdf

DISCIPLINARY ACTION QUESTIONNAIRE

If you have ever had an occupational license (not a drivers license) suspended, revoked, probated, or denied in any state, county or municipality, attach a completed Disciplinary Action Questionnaire and any attachments requested on the questionnaire for each sanction. This questionnaire is found at:
http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf

FEES

The fee for this criminal history evaluation: determination of eligibility is **$25**. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR
PO BOX 12157
AUSTIN, TEXAS 78711

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

TEXAS DEPARTMENT OF LICENSING AND REGULATION
P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - Enforcement@tdlr.texas.gov

REQUEST FORM FOR:

CRIMINAL HISTORY EVALUATION LETTER: DETERMINATION OF ELIGIBILITY— Massage Therapist or Instructor

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
	$25.00 This fee is non-refundable.		

DO NOT WRITE ABOVE THIS LINE

If you are submitting an application, do not submit this form.
This form is not part of the application process.

1. Name:

_____ Last _____ First _____ Middle Initial _____ Suffix (JR, SR, III)

2. Date of Birth: _____ - _____ - _____

3. Female ☐ **Male** ☐

4. Social Security No.: ___ ___ ___ – ___ ___ – ___ ___ ___ ___

5. Mailing Address : (P.O. Box is allowed for this address.)

_____
Number, Street, Suite No., Apt. No. or P.O. Box

_____
City State Zip Code

6. Phone Number : (_____) _____
Area Code Phone Number

Fax Number: (_____) _____
Area Code Phone Number

Email Address: _____ (Ex: johndoe@aol.com)

7. List All Names by Which You Have Been Known:

_____

8. License you will be seeking: (Check only one) (A separate request must be submitted for each license sought)

☐ Massage Therapist

☐ Massage Therapy Instructor

The criminal history questionnaire is found on the next page. You must complete one questionnaire for each crime for which you have been convicted or placed on deferred adjudication.

CERTIFICATION

I understand that the Department will ultimately base their decision on the information that exists at the time of any license application I may file. I further understand that providing false, inaccurate or misleading information on this request may result in denial and/or revocation of any future license I may request and the imposition of administrative penalties.

_____ **Date Signed**

_____ **Signature** **(must be signed by the person who is the subject of this evaluation)**

TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 ● Austin, Texas 78711-2157
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871
www.tdlr.texas.gov

CRIMINAL HISTORY QUESTIONNAIRE INSTRUCTIONS

1. TYPE OF REQUEST - Check the box to indicate whether you are applying for a new license or renewing a license.

2. TYPE OF LICENSE - Write the type of license you are applying for or renewing. (ex: Barber, Cosmetology, Electrician, Towing, Air Conditioning Technician, etc.)

3. NAME - Write your full legal name in the spaces provided. (Last, First, Middle Name)

4. SOCIAL SECURITY NUMBER (SSN) - Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

   www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

5. MAILING ADDRESS - Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.

6. PHONE NUMBER - Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

7. DATE OF BIRTH - Write your birthdate.

8. EMAIL ADDRESS - Write your email address. TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.

9. COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION - ex: Travis, TX; Baxter, AR; Fresno, CA.

10. COURT - Give the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)

11. DATE CRIME COMMITTED - Give the date you committed the crime.

12. DATE OF THE CONVICTION OR DEFERRED ADJUDICATION - Give the date you were convicted or received a deferred adjudication.

13. EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION - Give the official description of the offense shown on your court records.

14. WHAT EXACTLY DID YOU DO (CRIME) AND WHY - Give a brief description of your actions and why you made those decisions. (If you need more space to write, attach additional sheets)

15. SENTENCE OR ACTION IMPOSED BY THE COURT - (ex: six months in Travis County Jail, deferred adjudication, probation, etc.)

16. RENEWALS - If you are renewing your license, did the conviction or deferred adjudication you described in item 11 occur since your license was last issued? Place a check in the box for No or Yes.

17. PAROLE - If you are not on parole please check No. If you answered **Yes** list your reporting officer's name and phone number.

18. PROBATION - If you are not on probation please check No. If you answered **Yes** list your reporting officer's name and phone number.

19. DATE AND SIGNATURE OF APPLICANT - Carefully read the statement before signing and dating this criminal History Questionnaire.

TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 ● Austin, Texas 78711-2157
(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871
www.tdlr.texas.gov

CRIMINAL HISTORY QUESTIONNAIRE

TDLR must review your criminal history to determine if you are eligible to receive or renew a license. You must complete this form if you have ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest "nolo contendere" (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense. Provide specific details, attaching a separate questionnaire form for each crime.

Our review may take up to twelve (12) weeks to complete. Questions regarding this form may be addressed to the TDLR's Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above, or if you choose to email it, please send it to CHQ@tdlr.texas.gov.

Your application will not be processed until this form, the application and payment are received.

1. Type of Request: ☐ New ☐ Renewal

2. Type of License : _____
Ex: Barber, Cosmetologist, Electrician, Towing, etc.

3. Name: _____
Last First Middle

4. SSN: _____
(See instruction sheet for disclosure information)

5. Address: _____ City: _____ State:_____ Zip Code: _____
Number, Street Name, Suite Number/Apartment Number

6. Phone No: _____ _____
Area Code Phone Number

7. DOB: _____

8. Email Address: _____
(See instruction sheet for disclosure information) (Ex: johndoe@aol.com)

9. County and State of conviction or deferred adjudication: _____
(ex: Travis, TX)

10. Court: _____
(ex: 300th Dist. Ct. or Fed. Ct.)

11. Date crime committed: _____

12. Date of conviction or deferred adjudication: _____

13. Exact crime you were convicted of or received a deferred adjudication: _____

_____

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

_____

_____

15. Sentence or action imposed by the court: (ex: six months in Travis County Jail): _____

_____

16. For renewals, did this conviction or deferred adjudication occur since your last license was issued: ☐ No ☐ Yes

17. Are you currently on parole?: ☐ No ☐ Yes (If yes list your reporting officer's name and phone number below)

_____ _____ _____
Parole Officer's Name Area Code Phone Number

18. Are you currently on probation?: ☐ No ☐ Yes (If yes list your reporting officer's name and phone number below)

_____ _____ _____
Probation Officer's Name Area Code Phone Number

19. Date and Signature

By signing below, I affirm I am the applicant completing this form and understand that if I fail to provide full and accurate information, the issuance or renewal of my license could be delayed or denied.

_____ _____
Date Signed Signature of Applicant