

**DISCIPLINARY ACTION QUESTIONNAIRE**

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. Please provide the information requested below. You should be very specific and provide exact details. Questions regarding this form may be addressed to the Department's Enforcement Division at [enforcement@license.state.tx.us](mailto:enforcement@license.state.tx.us), or by phone at (512) 463-2906.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PART ONE:** If you have had an occupational license revoked, suspended or probated, please complete this section. If you have had more than one suspension, revocation, or probation of license, please provide the requested information as to each action. Attach additional pages if necessary.

Type of occupational license: \_\_\_\_\_

Full name the license was held in: \_\_\_\_\_

License number: \_\_\_\_\_

Dates it was held: \_\_\_\_\_

Name and address of Agency that issued license:

\_\_\_\_\_  
\_\_\_\_\_

Name and address of Agency that imposed sanctions, if different from issuing Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the exact type of sanction received:

\_\_\_\_\_

(Example: revocation, suspension, probation, etc.)

If suspended or probated, specify the length of the suspension or probation: \_\_\_\_\_

(Example: 6 months)

Date sanction imposed: \_\_\_\_\_

Please state the specific reason(s) for the revocation, suspension or probation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the license was placed on probation, what were the terms and conditions? \_\_\_\_\_

\_\_\_\_\_

Did you successfully complete the probation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why?

\_\_\_\_\_

\_\_\_\_\_

**PART TWO:** If you applied for an occupational license and it was denied, please complete this section. If you have had more than one license denial, please provide the requested information as to each denial. Attach additional pages if necessary.

Type of occupational license applied for: \_\_\_\_\_

Full name used on application for the license: \_\_\_\_\_

Date applied for: \_\_\_\_\_

Date denied: \_\_\_\_\_

Name and address of Agency that denied license:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state the specific reason(s) for the denial:

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Failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_