



# REQUEST FOR FITNESS DETERMINATION

P.O. Box 12188, Austin, Texas 78711-2188

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED
FITNESS DETERMINATION		\$50.00		

DO NOT WRITE ABOVE THIS LINE

**ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.  
MAKE CHECKS OR MONEY ORDERS PAYABLE TO TALCB. FEES ARE NON-REFUNDABLE.**

**1. Full Legal Name:** \_\_\_\_\_  
Last First Middle

**2. Social Security Number:** \_\_\_\_\_ **3. Drivers License or State ID Number:** \_\_\_\_\_  
State

**4. Date of Birth:** \_\_\_\_\_ **5. Gender:**  Male  Female

**6. Mailing Address and Contact Information: (Post Office Box may be used)**

\_\_\_\_\_  
Number, Street and Apt No.

\_\_\_\_\_  
City State Zip Code Phone Number

\_\_\_\_\_  
Fax Number E-mail Address

**7. List all names (maiden, aliases, nicknames, etc.) by which you have been known.**

\_\_\_\_\_

\_\_\_\_\_

**8. Provide the information indicated concerning each "professional or occupational license" that you currently hold, have held in the past five years, or for which you are currently applying. As used herein, a "professional license" is any state or federal license, permit, registration, or certification that is required to engage in a regulated business or activity.**

License Type	License No.	Jurisdiction	Issue Date	Exp/Term Date	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<p><b>9.</b> Have you ever (1) had any professional or occupational license or certification suspended, canceled or revoked; (2) received a reprimand or disciplinary action; (3) surrendered a license or certification pending disciplinary action; or (4) had an application for such denied in Texas or any other state?  <b>If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>10.</b> Are there any pending complaints, investigations, or disciplinary hearings against any professional or occupational licenses or certifications you hold?  <b>If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>11.</b> Have you ever (1) been convicted of or pleaded <i>nolo contendere</i> to a criminal offense (Include <b>ALL</b> felonies and misdemeanors, including DWI and DUI. You do not have to include traffic tickets); (2) been placed on probation, community supervision, or deferred adjudication; or (3) are there any criminal charges pending against you?  <b>If the answer to (1), (2), or (3) is YES, submit a complete written explanation and copies of all indictments, information, judgments, orders and charges.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>12.</b> Have you ever had a civil judgment rendered against you, or are there any civil suits pending against you?  <b>If YES, submit a complete written explanation and copies of all petitions and judgments.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION**

I certify that I have examined this request form and the answers given are true, correct and complete. I authorize the Texas Appraiser Licensing and Certification Board to conduct any investigations of me which it deems prudent. I understand that a favorable outcome does not guarantee that I will be granted a license if I apply, but only that the background that I have reported does not disqualify me from becoming licensed. I further understand that the information submitted in conjunction with this form may become a public record. I request the Texas Appraiser Licensing and Certification Board to determine if my background prevents me from becoming licensed under Chapters 53 and 1103 of the Texas Occupations Code or Section 153.19 of the Rules of the Texas Appraiser.

\_\_\_\_\_

Typed or Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

**PRIVACY NOTICE**

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

(1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.

(2) Under Sections 552.021 and 552.023 of the Governmental Code, the individual is entitled to receive and review the information.

(3) Under Section 559.004 of the Governmental Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.