

REQUEST FOR MORAL CHARACTER DETERMINATION

CERTIFICATION BOARD

FEES	RECEIPT NUMBER	AMOUNT	MONEY TYPE	DATE RECEIVED	
MORAL CHARACTER 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.

Social Security Number: Social Security Number: Date of Birth: Date of Birth: S. Gender: Male Female Social Security Number: Social Security Number:	Last		Fir	rst	Midd	le
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 List all names (maiden, aliases, nicknames, etc.) by which you have been known.	Social Security Number	r:	3. Drivei	rs License or State	ID Number:	State
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 List all names (maiden, aliases, nicknames, etc.) by which you have been known.						
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City State Zip Code Phone Number Fax Number E-mail Address List all names (maiden, aliases, nicknames, etc.) by which you have been known.	Mailing Address and C	ontact Information: (Po	ost Office Box may be u	sed)		
Fax Number E-mail Address List all names (maiden, aliases, nicknames, etc.) by which you have been known.	Number, Street and Apt No	0.				
List all names (maiden, aliases, nicknames, etc.) by which you have been known. Provide the information indicated concerning each "professional or occupational license" that you currently the past five years, or for which you are currently applying. As used herein, a "professional license" is an	City		State Zip Code	Phone I	Number	
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the past five years, or for which you are currently applying. As used herein, a "professional license" is an	List all names (maiden	, aliases, nicknames, et	c.) by which you have k	been known.		
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	Provide the informati	on indicated concernin	g each "professional o	r occupational lice	nse" that you current	y hold, have held
License Type License No. Jurisdiction Issue Date Exp/Term Date	the past five years, o	or for which you are c	urrently applying. As	used herein, a "pr	ofessional license" is	
	past five years, c nse, permit, registr	or for which you are c ration, or certification th	urrently applying. As not is required to engage	used herein, a "pr e in a regulated bu	rofessional license" is siness or activity.	

9. 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? If YES, submit a complete written explanation and appropriate documentation such as final orders, etc.	Yes No
 10. Are there any pending complaints, investigations, or disciplinary hearings against any professional or occupational licenses or certifications you hold? If YES, submit a complete written explanation and appropriate documentation such as final orders, etc. 	Yes No
 11. Have you ever (1) been convicted of or pleaded <i>nolo contendere</i> to a criminal offense (Include ALL 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? 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. 	Yes No
12. Have you ever had a civil judgment rendered against you, or are there any civil suits pending against you? If YES, submit a complete written explanation and copies of all petitions and judgments.	Yes 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.