

STATE _____ ZIP _____
SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE _____

CRIMINAL BACKGROUND:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? _____ IF YES, EXPLAIN _____

THE GRANTING OF A SOLICITOR'S PERMIT BY THE CITY OF DUNCANVILLE DOES NOT IN ANY WAY WARRANT OR RECOMMENDS THE QUALITY OF THE PRODUCT OR SERVICE BEING SOLICITED OR SOLD AND ANY ATTEMPT TO MAKE SUCH FALSE REPRESENTATIONS WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF A PERMIT AUTHOURIZED BY THIS APPLICATION.

NO UNAUTHORIZED PERSONNEL WILL BE GIVEN ANY CRIMINAL HISTORY BACKGROUND. IF YOU AGREE TO HAVE A CRIMINAL HISTORY BACKGROUND CONDUCTED ON YOU, AND DO SWEAR AND AFFIRM THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, SIGN BELOW. THIS APPLICATION WILL TAKE APPROXIMATLEY 2 WEEKS FOR PROCESSING AND MUST BE FILLED OUT IN ITS ENTIRITY FOR APPLICATION TO BE PROCESSED.

NO SELLING OR SOLICITING WILL BE PERMITTED BETWEEN THE HOURS OF 6 PM AND 8 AM.

DO NOT WRITE BELOW THIS LINE

INVESTIGATION REPORT

STATEMENTS MADE HEREIN BY APPLICANT HAVE BEEN INVESTIGATED AND FOUND TRUE AND RELIABLE, WITH THE FOLLOWING EXCEPTIONS;

PERMIT ISSUED/DENIED THIS _____ DAY OF _____ 20 _____

CHIEF OF POLICE

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	