

**TEXAS COMMISSION ON LAW ENFORCEMENT**  
**6330 E Highway 290, STE 200, Austin, Texas 78723-1035**  
**Phone: (512) 936-7700**  
<http://www.tcole.texas.gov>

**PID ASSIGNMENT (C-1)**  
**Completion of all fields required.**

**INDIVIDUAL INFORMATION**

1. Social Security Number	2. First Name	3. M.I.	4. Last Name	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White		7. Date of Birth / /		8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Home Mailing Address		11. City		12. State
14. Height		15. Weight		17. Eye Color
18. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Phone Number (include area code)		20. Email
21. Select One Completed: <input type="checkbox"/> High School <input type="checkbox"/> GED				

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

**Agency administrator or training coordinator check appropriate box for their student or employee.**

Applying for entry into a basic licensing course.

Applicant has read and received a copy of §217.1 Minimum Standards for Initial Licensure.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- Future appointment as a Telecommunicator, Temporary or Licensed
- Future appointment as a County or Contract Jailer, Temporary or Licensed
- Future Appointment as a Probation Officer, Juvenile or Adult
- Ability to track training hours

TCOLE agency / training provider number \_\_\_\_\_ and Name \_\_\_\_\_

\_\_\_\_\_  
Agency Administrator or Training Coordinator (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Individuals not associated with a training provider or agency check below.**

- Applying for instructors certificate
- Applying for Retired Federal Firearms ID
- Applying for consideration of prior out-of-state, federal, military, special forces or TDCJ training.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date