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

				_	ORMATION					
1. Soc	ial Security Number	2. First Name	3.	M.I.	4. Last Name			5	. Suffix (Jr., etc.)	
C Da	and Ethnicity			17	Date of Birth	l e Go	nder	Q Dri	var's Licansa	
55-50 13307002	ice / Ethnicity merican Indian or /	□ Asian	' .	7. Date of Birth		8. Gender		Driver's License State:		
	ack 🗌 Hispanic			1 1		□ Female -		****		
	ack [] Ilispanic	marticultural					naio	Num.:		
			T 44 O'				140.0	tata .	13. Zip Code	
10. Ho	ome Mailing Address		11. City				12. S	late	13. Zip Code	
14. He	aight .	15. Weight		16 H	lair Color	17	. Eye C	Color		
1-7. 115	Jigitt.	To: Troigin					_, _			
18. U.S. Citizen 19. Phone Number (include			area code) 20. Email							
□ Y	es 🗌 No							Ø		
88-383	elect One Completed:									
☐ Hi	gh School GED	J								
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.										
			Signatu	ire of A	pplicant				Date	
□ F	☐ Future appointment as a Telecommunicator, Temporary or Licensed									
□ F	☐ 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									
Ability to utilize a TCOLE system as an authorized user for this agency										
TCOLE agency / training provider number and Name										
	3 ,									
Agend	cy Administrator or Ti	raining Coordinato	r (Type or P	Print)	Signature				Date	
Individuals not associated with a training provider or agency check below.										
Applying for instructors certificate										
10.1165	Applying for Retired Federal Firearms ID									
10-31	Applying for consideration of prior out-of-state, federal, military, special forces or TDCJ training.									
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