

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 | | 9. Driver's License State: Num.: |
| 14. Height | | 15. Weight | 16. Hair Color | 12. State |
| 17. Eye Color | | 13. Zip Code | | |
| 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 utilize a TCOLE system as an authorized user for this agency

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