



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Enforcement Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5600 • (800) 803-9202 • fax (512) 539-5698

Web site: [www.license.state.tx.us](http://www.license.state.tx.us)

## CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Enforcement Division at [enforcement@license.state.tx.us](mailto:enforcement@license.state.tx.us), or by phone at (512)539-5600.

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

County where convicted: \_\_\_\_\_ Court where convicted: \_\_\_\_\_  
(example: Travis County) (example: 300<sup>th</sup> District Court)

Date crime committed: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

Exact crime you were convicted of: \_\_\_\_\_

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sentence or action imposed by the court: (example: six months in Travis County Jail) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For renewals, did this conviction occur since your license was last issued: \_\_\_\_ yes \_\_\_\_ no

Are you currently on probation? \_\_\_\_ yes \_\_\_\_ no Are you currently on parole? \_\_\_\_ yes \_\_\_\_ no

If so, list your reporting officer's name: \_\_\_\_\_ phone number: \_\_\_\_\_

**Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_