

DARS DHHS will use the information provided in this form to obtain criminal conviction records.

**Certificate Holder Information**

Certificate holder:		Birth date:		
BEI certification number:		Certification levels:		
Address:	City:	State:	ZIP code:	County:

**Contact Information**

Daytime phone number:	Email address:
Cell phone number (optional):	Video phone number:

**Conviction Record**

Do you have a felony conviction? (enter X to select one):	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the conviction date?
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**Submittal Instructions**

Complete this form and mail it to **DARS DHHS**  
PO Box 12306  
Austin, Texas 78711

**Signature**

Retired certificate holder's signature:	Date:
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The application is incomplete without the retired certificate holder's signature.

**Office for Deaf and Hard of Hearing Services**  
4900 North Lamar, Suite 2169, Austin, Texas 78751  
PO Box 12306, Austin, Texas 78711  
(512) 407-3250 Voice or (512) 407-3251 TTY  
[www.dars.state.tx.us/dhhs](http://www.dars.state.tx.us/dhhs)