



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • fax (512) 475-2871

Web site: 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, 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: 300th 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: _____