



Please return the completed form to: **Texas Department of State Health Services, EMS/Trauma Systems- Central Group, Mail Code 1876, PO Box 149347, Austin, TX 78714-9347** or fax to: **512-834-6713**. Use additional sheets if necessary.

TYPE OR PRINT IN BLACK INK

Name:		Social Security #:	
Address:			
City:	County:	State:	Zip Code:
Telephone Number:		Email:	

CRIMINAL HISTORY: Please include all criminal offenses/charges/arrests below:

	<input type="checkbox"/> Arrest	<input type="checkbox"/> Indictment	<input type="checkbox"/> Deferred adjudication	<input type="checkbox"/> Conviction
Date:				
Offense/Charge:				
City/County/State:				

	<input type="checkbox"/> Arrest	<input type="checkbox"/> Indictment	<input type="checkbox"/> Deferred adjudication	<input type="checkbox"/> Conviction
Date:				
Offense/Charge:				
City/County/State:				

	<input type="checkbox"/> Arrest	<input type="checkbox"/> Indictment	<input type="checkbox"/> Deferred adjudication	<input type="checkbox"/> Conviction
Date:				
Offense/Charge:				
City/County/State:				

Signature: _____	Date: _____
------------------	-------------