TCLEOSE

FAST
Fingerprint Applicant Services of Texas

This document is your ***FAST Fingerprint Pass*** for a national criminal history record check. Please schedule a fingerprint appointment by visiting **www.L1enrollment.com** or by calling 1-888-467-2080. You must pay the $9.95 fee for ***FAST*** services online with a credit card or onsite with a check or money order. Cash is not accepted!

1. Logon to **www.L1enrollment.com**
2. Select: ***Texas***
3. Select: ***Online Scheduling***
4. Select: ***English or Espanol***
5. Enter: ***First and Last Name***
6. Select: ***TCLEOSE***
7. Enter: ***TX227011Y***
8. Enter: ***Hiring Agency ORI, TX*** _____
9. Follow the prompts to enter requested information.
10. Bring this completed form with you to your appointment.

Section One: Qualified Entity Information

TCLEOSE ORI#: TX227011Y **Hiring Agency ORI**: _TX_____ **Original TCN:** _____
(If resubmission for rejected fingerprints)

☐ **Jailer**

Hiring Agency or Academy Name: _____

Contact: _____

Hiring Agency or Academy Address: _____
Street Address City State Zip

Section Two: Applicant Name (To be completed by applicant)

Last: _____ (Please print) First: _____ (Please print) Middle: _____ (Please print)

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: _____ Date: _____

Section Four: Service Center Information (To be completed by *FAST* Enrollment Officer)

Date Prints Taken _____ Amount Charged For Service: _$9.95__

Paid by: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Billing Acct _____

TCN: _____

☐ I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: _____ (Please print) E.O. Signature: _____

Revised 01/10