

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Processed
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Processed By
	Confirmation of Commission	

FDID No.	Department Name

AFFIDAVIT OF TCOLE COMMISSION

(To be completed by the individual that is authorized by TCOLE to commission Law Enforcement Officers.)

State of Texas

County of _____

I, (print name) _____ am the recognized and authorized person to commission Peace Officers as identified by the Texas Commission on Law Enforcement and as such, I am the (title) _____

_____ of the above named Political Subdivision or State Agency and do hereby confirm that (name of Investigator) _____ is a duly **COMMISSIONED PEACE OFFICER** in this jurisdiction.

IN TESTIMONY WHEREOF, I have hereto set my hand this _____ day of _____ A.D. _____

Signature

INVESTIGATOR AFFIDAVIT

Social Security No.	Last Name	Suffix	First Name	Middle Name or Initial

(To be completed by the Applicant.)

State of Texas

County of _____

I, do hereby solemnly swear that I am a duly licensed peace officer of the State of Texas and that I have been **Commissioned as a PEACE OFFICER** for the above jurisdiction and that I have taken the prescribed **Oath of Office** as such.

IN TESTIMONY WHEREOF, I have hereto set my hand this _____ day of _____ A.D. _____.

Signature

Purpose: This form must accompany all applications for arson investigator certification (TCFP-002). Anytime there is a change in the entity that holds an arson investigator's peace officer commission, a new Confirmation of Commission (TCFP-004) must be submitted by the arson investigator. The commission will not reflect an arson investigator's certification as active without a current Confirmation of Commission on file.

Date Received: Reserved for agency use.
Date Processed: Reserved for agency use.
Processed By: Reserved for agency use.

FDID No.: The identification number assigned to the department by the commission.

Department Name: The name of the department that holds the individual's TCOLE commission as a peace officer.

AFFIDAVIT OF TCOLE COMMISSION

This section of the form is to be completed by the individual that is authorized by TCOLE to commission law enforcement officers.

County of: The name of the county where the entity is located.
(print name): The name of the individual that is the TCOLE authorized individual who holds the commissions of law enforcement officers for the entity.
(title): The title of the individual named above.
(name of investigator): Name of the individual arson investigator being certified.
(date): Date of the action
Signature: Signature of the individual attesting the information.

INVESTIGATOR AFFIDAVIT

This section of the form is to be completed by the applicant.

Social Security Number: Applicant's social security number.
Last Name: Applicant's last name
Suffix: Jr., Sr., III etc.
First Name: Applicant's first name.
Middle name or initial: Applicant's middle name or initial, if applicable.

County of: Name of the county where the entity is located.
(date): Date of the action.
Signature: Legal signature of the individual attesting to the information.