



FAST

Fingerprint Applicant Services of Texas

This document is your FAST Fingerprint Pass for a national criminal history record check and must be presented at the time of printing. Your fingerprints will be submitted to the TXDPS/FBI with results delivered to this agency within one week.

Section One: Agency Information

CHL Application ID# _____

RFP: Concealed Handgun Licensing

Original TCN: _____
(If resubmission for rejected fingerprints)

Section Two: Applicant Information

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

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 Concealed Handgun Licensing Bureau.

Signature: _____ Date: _____

Section 3: Service Center Information (To be completed by FAST Live Scan Operator)

Date Prints Taken _____ Amount Charged For Service _____

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.

Printed Name of LSO: _____

Signature of LSO: _____