

EDUCATION PROVIDER BACKGROUND HISTORY

P.O. Box 12188, Austin, Texas 78711-2188

Please complete Sections 1, 2 and 3 and any other applicable section. Be sure to provide complete, legible copies of any documentation needed. Be specific and provide exact details. Attach a separate form for each additional license, judgment, or crime that you need to report. Attach additional pages for explanations that require more space.

Last		First		Middle	Middle	
. Social Security Number:		3. Date of Birth:				
Address and Conta	ct Information: (Post Of	fice Box may be used)				
Number, Street and	Apt. No. or P.O. Box					
City		State	Zip Code	Ph	one Number	
E-mail Address						
EMPLOYMENT HIS unemployment for	TORY: Provide employ more than thirty (30) da	ment history for the last ys. If additional space is nee	five (5) years ded, attach a se	to the present da parate sheet of pap	te. Explain any periods er to complete your answe	
FROM	то	Employor		City State	Position/Duties	
Month/ Year	Month/ Year	Employer		City, State	Position/Duties	
OUT OF STATE APP	RAISER LICENSE:					
Issuing State:			Date Issued:			
Status: Activ	ve Inactive	Expired Other				
	cense (if applicable): \Box	Revoked Surr	endered	Suspended	Terminated	
Action Taken on Li		Other				
Action Taken on Li	ction:					
Effective Date of A						
Effective Date of A	umstances leading to ar	iy action taken:				

OTHER OCCUPATIONAL/PROFESSIONAL LICENSES:				
Issuing State: Type of License:			Date Issued:	
Status: Active Inactive Expired	Other			
Action Taken on License (if applicable): Revoked Other	Surrendered	Suspen		Terminated
Effective Date of Action:				
Explanation of circumstances leading to any action taken:				
Documentation Needed: Submit license history signed by sta	ate licensing agency.			
OUTSTANDING JUDGMENTS:				
Status:	aled			
Explanation of circumstances leading to judgment and any p				
Documentation Needed: Submit copies of all petitions, resp CRIMINAL HISTORY (include all felonies, all misdemeanors ot	her than traffic tickets	, and all military t	ribunal convic	tions, even if you
Documentation Needed: Submit copies of all petitions, resp CRIMINAL HISTORY (include all felonies, all misdemeanors ot have disclosed these offenses on a previous TALCB form or a	ther than traffic tickets	·	ribunal convic	tions, even if you
Documentation Needed: Submit copies of all petitions, resp CRIMINAL HISTORY (include all felonies, all misdemeanors ot have disclosed these offenses on a previous TALCB form or a Style and Cause Number:	ther than traffic tickets			
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Documentation Needed: Submit copies of all petitions, resp CRIMINAL HISTORY (include all felonies, all misdemeanors ot have disclosed these offenses on a previous TALCB form or a Style and Cause Number: Initial Charge: Ultimate Charge: Title of Court: Plea: Guilty Not Guilty Nolo Contendere	cher than traffic tickets application.) County of Count	ourt:	Misdemean Misdemean	or Felony
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Regarding parole, community supervision or probation:	☐ Yes ☐ No
Have you been released from any of the above:	
Have you ever violated the terms of any of the above: Have you had your parole, community supervision or probation	
Date of Revocation:	revoked: Yes No
Explanation of circumstances leading to revocation and changes r	nade to your sentence, if any:
Documentation Needed : Submit copies of all indictments, information probation/community supervision release, even if you have submit	ation, charges, judgments, orders, motions to revoke and parole/tted these documents with a previous TALCB form or application.
10. UNLICENSED ACTIVITY	<u> </u>
Explanation of circumstances leading to unlicensed appraisal activ	ity:
CERTIF	ICATION
documentation, and that all such information given Texas Appraiser Licensing and Certification Board (the documentation as may be deemed necessary for the consent to the Board's conducting an investigation	ound history form and all supporting information and is true, correct, and complete. If so requested by the ne "Board"), I will furnish all additional information or verification of the information provided. I authorize and of me and the matters addressed herein as it deems an investigation may be cause for disapproval of my ing have been met.
Signature	Date