

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH) check
APPLICANT or EMPLOYEE NAME (Please print)

may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at dps.texas.gov/section/crime-records/fingerprinting-services Records/Review of Personal Criminal History, or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed, the information on my fingerprint criminal history may be discussed with me.

Signature of Applicant or Employee (optional)

Date

(This copy must remain on file by the town of Copper Canyon. This is required for future DPS Audits.)

| TOWN OF COPPER CANYON TO COMPLETE THIS SECTION | | | |
|--|--|------|--|
| Town of Copper Canyon | | | |
| Agency Name (Please print) | | | |
| Agency Representative Name (Please print) | | | |
| Signature of Agency Representative | | Date | |
| <div style="display: flex; justify-content: space-between;"><div>CCH Report printed: Yes ____ No <u>X</u></div><div>Initial</div></div> <div style="display: flex; justify-content: space-between;"><div>Purpose of CCH check: <u>Solicitor permit</u></div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Employed: ____ Vol/Contractor: <u>X</u></div><div>Initial</div></div> <div style="display: flex; justify-content: space-between;"><div>Date printed: <u>N/A</u></div><div>Initial</div></div> <div style="display: flex; justify-content: space-between;"><div>Date destroyed: <u>N/A</u></div><div>Initial</div></div> | | | |