

**TEXAS EMERGENCY TRAINING
COURSE APPLICATION**

NAME _____ D.O.B.

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL _____

SOCIAL SECURITY # _____

TDL# _____

I UNDERSTAND A CRIMINAL BACKGROUND CHECK WILL BE PERFORMED USING THE ABOVE STATED INFORMATION. MY SIGNATURE AUTHORIZES TEXAS EMERGENCY TRAINING TO USE THIS INFORMATION FOR SUCH PURPOSE. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT BY SUBMITTING FALSE INFORMATION ON THIS APPLICATION I MAY BE DISMISSED FROM THE PROGRAM WITHOUT REIMBURSEMENT AND/OR COURSE COMPLETION DOCUMENTS.

SIGNATURE

DATE