**TEXAS COMMISSION ON LAW ENFORCEMENT**
**6330 E Highway 290, STE 200, Austin, Texas 78723-1035**
**Phone: (512) 936-7700**
http://www.tcole.texas.gov

# PID ASSIGNMENT (C-1)

**Completion of all fields required.**

## INDIVIDUAL INFORMATION

| 1. Social Security Number | 2. First Name | 3. M.I. | 4. Last Name | 5. Suffix (Jr., etc.) |
|---|---|---|---|---|
| | | | | |

| 6. Race / Ethnicity | 7. Date of Birth | 8. Gender | 9. Driver's License |
|---|---|---|---|
| ☐ American Indian or Alaskan Native ☐ Asian ☐ Black ☐ Hispanic ☐ Multicultural ☐ White | / / | ☐ Male ☐ Female | State: Num.: |

| 10. Home Mailing Address | 11. City | 12. State | 13. Zip Code |
|---|---|---|---|
| | | | |

| 14. Height | 15. Weight | 16. Hair Color | 17. Eye Color |
|---|---|---|---|
| | | | |

| 18. U.S. Citizen | 19. Phone Number (include area code) | 20. Email |
|---|---|---|
| ☐ Yes ☐ No | | |

21. Select One Completed:
☐ High School ☐ GED

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

**Agency administrator or training coordinator check appropriate box for their student or employee.**

☐ Applying for entry into a basic licensing course.

☐ Applicant has read and received a copy of §217.1 Minimum Standards for Initial Licensure.

_____
Signature of Applicant Date

☐ Future appointment as a Telecommunicator, Temporary or Licensed

☐ Future appointment as a County or Contract Jailer, Temporary or Licensed

☐ Future Appointment as a Probation Officer, Juvenile or Adult

☐ Ability to track training hours

☐ Ability to utilize a TCOLE system as an authorized user for this agency

TCOLE agency / training provider number 511247 and Name Weatherford College Law Enforcement Academy

Joseph Garcia
Agency Administrator or Training Coordinator (Type or Print) Signature Date

**Individuals not associated with a training provider or agency check below.**

☐ Applying for instructors certificate

☐ Applying for Retired Federal Firearms ID

☐ Applying for consideration of prior out-of-state, federal, military, special forces or TDCJ training.

Signature of Applicant Date