TEXAS COMMISSION ON LAW ENFORCEMENT

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

SEPARATION OF LICENSEE (F-5)

LICENSEE INFORMATION (Occupations Code 1701.452)

Non-refundable \$35 fee for paper form. Money order, agency or cashier's check. (5541)

1. TCOLE PID	COLE PID 2. Last Name.		3. First Name			4. M.I.	5. Suffix (Jr., etc.)
6. Date of Birth 7. Home or Permane			ent Mailing A	ddress	8. City		
			-				
9. State 10. Zip Code		ode 11. Ph	11. Phone Number 12. Email				
13. APPOINTM Peace Office		ty / Contract Jaile	or 🗆 Tologo	ommunicator	Medical Cor	rnoration [2.0
		•		eserve or conditional o		poration	0.
14. TCOLE Agend	<u> </u>	15. Appointing	<u> </u>	Society of conditional of	Strily		
(1) resigns, re	be submitted not etires, or separate all administrative	later than the seves from the agenda appeals available	venth business d by: and e to the license h		cense holder:		
		то. Зераг					
Retired, re	Discharged signed, or separa nd not because o	ated from employ of pending or final	ment with or died disciplinary acti	I while employed by a	law enforcem performance p	ent agency voroblem.	while in good
related (B) was tei	minated by, retire to a disciplinary minated by or re	investigation of c	onduct that is no from a law enfor	employed by a law er t included in the defini cement agency and th n in workforce or an at	tion of dishond e separation v	orably discha vas for a doc	arged; or cumented
(A) was tei allegati (B) was tei	ions of criminal m	v enforcement ag iisconduct; or	-	r resigned in lieu of te	-		
			ATTENTION	LICENSEE:			
If this is your seco	nd dishonorable	discharge on an	submit to TCOLE F-5 Report, your	a "Petition to Correct' license will be susper tion to correct form wil	nded upon TC	OLE's receip	ot of this document.
18. I, chief adr under which th		-		s a true and accura	ate explanat	ion of the	circumstances
A copy of this	F-5 was provid	ed to the pers	on as require	d by Occupations (Code 1701.4	52, in 7 bu	siness days by:
☐ Hand delivery on				☐ Certified mail on Date			
Agency Administra	ator or Designee	(Type or Print)		Signatur	e		Date