

FACT SHEET FOR REGISTRATION STATEMENT FOR SOLICITORS PERMIT
(Application Information)

1. Failure to follow the guidelines listed will be grounds for withdrawal of the permit.
2. Each Registration Statement for a Solicitors Permit shall be completed in full with ALL spaces filled in. If a space does not apply in your case, indicate so by placing "N/A" in the blank space. All fees must be submitted upon receipt of identification badges. There is a \$50.00 registration fee and each ID card is \$15.00 each. The fees are nonrefundable
3. The application shall be legible, accurate, and not contain misleading or false information. If a company or corporation is based out of state, a certified copy of its Certificate of Authority to do business in the State of Texas shall accompany the application. If the business is incorporated, a certified copy of the Charter or Articles of Incorporation shall accompany the application. Two color photographs of the person completing the form shall be attached with the person's name written on the back of each photograph. Photographs are to be similar to the size on an identification card or driver license, but no larger than 1inch by 1 ¾ inches and no older than six months. Good quality digital photos are acceptable. This department reserves the right to refuse any image.
4. Processing of your registration statement may take up to 15 working days. If additional time is necessary you will be notified by phone or by mail. No person(s) shall solicit prior to issuance of permits. Upon completion of the processing procedure, ID cards will be held no longer than five (5) working days if notification is by mail.
5. Each applicant shall be subject to a local record check. The DPS CCH verification form must be included with your packet. NOTE: You are NOT required to make an appointment with F.A.S.T. services unless there is a discrepancy in the results of the name and DOB search.
6. False or misleading information will be grounds for withdrawal or refusal of permit.
7. Applicants or companies whose certificate is revoked shall not be eligible for reapplication for six months from the date of the revocation. The revocation of certification twice in a twenty-four month period will prevent issuance for one year from date of last revocation.
8. Each person going door-to-door shall display in public view the ID card issued by this department by attaching it to the outer clothing of the holder. Failure to do so shall be the same as soliciting without a permit.
9. Each person for whom an ID card is to be issued may be requested to appear in person with personal identification to receive his or her ID card.
10. Solicitation at a location posted as "NO SOLICITING," or similar sign, shall be cause for criminal charges and revocation of permit.
11. Solicitation is restricted to the hours of 9:00 A.M. to 9:00 P.M.
12. Any grievance, question or complaint about procedures shall be in writing addressed to: City Council, c/o City Secretary, 910 S. Friendswood Dr., Friendswood, TX 77546. A reply to such inquiries shall be made in 10 working days.
13. Copies of the Solicitors regulations can be obtained from the Office of the City Secretary, 910 S. Friendswood Dr., Friendswood, TX 77546. A fee will be charged for each copy.

Signature of Representative

Date

REGISTRATION STATEMENT FOR SOLICITORS PERMIT**(Application)**

Received: _____ Fee Paid: _____ Permit #: _____

The requested information listed on this form must be complete, legible, and not misleading in order for the request to be processed.

Those items listed that do not pertain to your particular request shall be marked with "N/A" to indicate not applicable.

Each person listed for an identification badge may be requested to appear in person during normal working hours with personal identification in order to receive the identification badge.

Two color photographs of the person completing this form shall be attached with the person's name written on the back of each photograph. If the person completing this form is also a solicitor, only two pictures are required. Photographs are to be similar to the size on an identification card or driver license, but no larger than 1" x 1 3/4" and no older than six months. Good quality digital photos are acceptable. The photos become the property of the City of Friendswood, thus providing photos from other forms of identification is not acceptable.

Check this box if you will also need a solicitor's badge

PERSON COMPLETING THE REGISTRATION FORM:

NAME:

(Last)

(First)

(Middle)

PERMANENT RESIDENCE ADDRESS AND PHONE NUMBER:

(Street)

(City)

(State)

(Zip)

(Telephone)

LOCAL ADDRESS:

(Street)

(City)

(State)

(Zip)

(Telephone)

Weight:

Height:

Sex:

Hair Color:

Social Security #:

Date of Birth:

Drivers License #:

State:

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Have you ever been convicted of a felony or a misdemeanor involving moral turpitude?

Yes No

If you answered yes, list the following information for each incident:

Name at time of conviction

Nature of each conviction (include if felony or misdemeanor)

State in which each conviction occurred

Year of each conviction

Explanation of conviction

This form is required for all initial name-based search inquiries. Agency shall retain tracking form for all name-based inquiries from audit to audit.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant or Employee must acknowledge information. Signature & date required.

Applicant or Employee Name (Print):

(This is not a consent form but serves as information for the applicant)

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. 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 [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) 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 record may be discussed with me.

| | |
|----------------------------------|-------|
| Applicant or Employee Signature: | Date: |
|----------------------------------|-------|

Section 2: Agency use only.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: For agency use only. CCH Tracking information. Check all that apply.

| | |
|---------------------------|---|
| Purpose of CCH | <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer/Contractor <input type="checkbox"/> Other: |
| CCH Storage | <input type="checkbox"/> No, CCH is not stored by agency. <input type="checkbox"/> Yes, CCH is stored by agency. |
| Retention Period | <input type="checkbox"/> Temp Only <input type="checkbox"/> Annual <input type="checkbox"/> None in place <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other: _____ |
| Storage Method | <input type="checkbox"/> Physical/Printed <input type="checkbox"/> Digital/Electronic <input type="checkbox"/> Not Applicable |
| Retention Purpose | Explain: |
| Date Destroyed | |
| Destruction Method of CCH | Explain: |

[CJIS Launch Pad Link - CHRI & Audit Resources](#)

Este formulario es obligatorio para todas las consultas de búsqueda iniciales basadas en nombres. La agencia conservará el formulario de seguimiento para todas las consultas basadas en nombres de una auditoría a otra.

Verificación de Antecedentes Penales Computarizados (CCH) del DPS

Sección 1: El Solicitante o Empleado debe reconocer la información. Se requiere firma y fecha.

Nombre del solicitante o empleado (letra de imprenta):

(Este no es un formulario de consentimiento, sino que sirve como información para el solicitante)

Yo reconozco que se puede realizar una verificación de antecedentes criminales computarizada (CCH) accediendo al sitio web seguro del Departamento de Seguridad Pública de Texas y se puede basarse en identificadores de nombre y fecha de nacimiento. (Este no es un formulario de consentimiento, sino que sirve como información para el solicitante.) La autoridad para que esta agencia acceda a los datos de antecedentes penales de un individuo se puede encontrar en el Código de Gobierno de Texas 411; Subcapítulo F.

La información basada en el nombre y fecha de nacimiento no es una búsqueda exacta y solo las búsquedas de registros de huellas dactilares representan una identificación verdadera de la información del registro de antecedentes penales (CHRI). por lo tanto, la organización que esta realizando la verificación de antecedentes penales no tiene permiso discutir conmigo ninguna información obtenida usando el método de nombre y fecha de nacimiento.

La agencia puede solicitar que también se realice una búsqueda de huellas dactilares para eliminar cualquier identificación errónea basada en el resultado de la búsqueda de nombre y fecha de nacimiento. Para completar el proceso de huellas dactilares, debo hacer una cita con Fingerprint Applicant Services of Texas (FAST) como se indica en línea <https://www.dps.texas.gov/section/crime-records/crime-records-general-information>, Review of Personal Criminal History o llamar al proveedor del programa al 1-888-467-2080, enviar un juego completo de huellas dactilares, solicitar que se envíe una copia a la agencia que se indica en esta forma, y pagar una tarifa de \$25.00 a la compañía de servicios que toma las huellas dactilares.

Una vez que se complete este proceso, la información sobre mis antecedentes penales de huellas dactilares podrá ser discutida conmigo.

| | |
|-------------------------------------|--------|
| Firma del Solicitante o Empleada/o: | Fecha: |
|-------------------------------------|--------|

Sección 2: Uso exclusivo de la agencia.

Nombre de la agencia:

Nombre del representante de la agencia:

Firma del representante de la agencia:

Fecha de búsqueda de CCH basada en nombres:

Sección 3: Para uso exclusivo de la agencia. Información de seguimiento de CCH. Marque todo lo que corresponda.

| | |
|------------------------------|---|
| Propósito de CCH | <input type="checkbox"/> Empleado/a <input type="checkbox"/> Voluntario / Contratista <input type="checkbox"/> Otro: |
| Almacenamiento de CCH | <input type="checkbox"/> No, CCH no es almacenado por la agencia. <input type="checkbox"/> Si, CCH es almacenado por la agencia |
| Periodo de retención | <input type="checkbox"/> Sólo temporal <input type="checkbox"/> Anual <input type="checkbox"/> No hay Ninguno <input type="checkbox"/> No Aplica <input type="checkbox"/> Otro: |
| Método de almacenamiento | <input type="checkbox"/> Físico/Impreso <input type="checkbox"/> Digital/Electrónico <input type="checkbox"/> No Aplica |
| Propósito de retención | Explicar: |
| Fecha de destrucción | |
| Método de destrucción de CCH | Explicar: |

[CJIS Launch Pad Link - CHRI & Audit Resources](#)

REGISTRATION STATEMENT FOR SOLICITORS PERMIT

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ORGANIZATION REPRESENTED:

NAME:

(Individual, Firm, or Company)

PERMANENT BUSINESS ADDRESS:

(Street) (City) (State) (Zip) (Telephone)

LAST FOUR (4) COMMUNITIES WHERE BUSINESS CONDUCTED:

| City | State | Starting Date | Ending Date |
|------|-------|---------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CORPORATION INFORMATION:

- Is this business a Texas Corporation? If so, supply a copy of Charter or Articles of Incorporation.

Supplied: YES NO

- Is this a corporation under the laws of a state other than Texas? If so, you must provide a certified copy of a certificate to do business in the state of Texas.

Supplied: YES NO

- List any current or previous related business names below.

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*If this is a non-profit corporation, provide a certified copy of the non-Profit Certification of Incorporation from the State of Texas.

| | | | |
|--|-------|---------|-------|
| DESCRIPTION OF BUSINESS TO BE CONDUCTED AND RELATED ACTIVITIES: | | | |
| | | | |
| STATE THE CHARACTER AND DESCRIPTION OF THE COMMODITIES, GOODS, MERCHANDISE OR, SERVICE TO BE OFFERED: | | | |
| | | | |
| LOCATION(S) WHERE BUSINESS AND ACTIVITIES WILL BE CONDUCTED: | | | |
| | | | |
| VEHICLE INFORMATION: | | | |
| VEHICLE 1: | YEAR | MAKE | MODEL |
| COLOR | STATE | PLATE # | |
| | | | |
| VEHICLE 2: | YEAR | MAKE | MODEL |
| COLOR | STATE | PLATE # | |
| | | | |
| VEHICLE 3: | YEAR | MAKE | MODEL |
| COLOR | STATE | PLATE# | |

ADDITIONAL SOLICITOR REGISTRATION FORM

(Application)

Permit #: _____

This form may be copied or printed as many times as necessary to register each person soliciting.

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SOLICITOR'S PERSONAL INFORMATION

NAME:

(Last)

(First)

(Middle)

PERMANENT RESIDENCE ADDRESS AND PHONE NUMBER:

(Street)

(City)

(State)

(Zip)

(Telephone)

LOCAL ADDRESS:

(Street)

(City)

(State)

(Zip)

(Telephone)

Weight:

Height:

Sex:

Hair Color:

Social Security #:

Date of Birth:

Drivers License #:

State:

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Nature of each conviction (include if felony or misdemeanor)

State in which each conviction occurred

Year of each conviction

Explanation of conviction