

**City of Duncanville
Police Department**

Records Division records@duncanvillepd.com · 972.780.5024
203 E. Wheatland Road Duncanville, TX 75116 · PO Box 380280 Duncanville, TX 75138



Request for Solicitor's Permit

Application fee of \$75.00 will not be refunded if application is denied.

Note: Business hours are Monday – Friday from 8:00am – 5:00pm (excluding holidays). All requests received outside of normal business hours shall be deemed received the next business day.

In accordance with V.T.C.S. 6252 © the following information is required. The information asked below is needed to conduct a background check on you.

Name of company employed:			
Home office mailing address:			
City, State, Zip			
Phone Number:			
Address of local office: (if applicable)			
City, State, Zip			

Applicant Information:

Full name of applicant:							
Height		Weight		Hair		Eyes	
Date of birth							
Driver's License Number:		State					
Social Security or I.D. Number							
Current address of applicant:							
City		State		Zip			
Contact Number	Cell		Work				
Permanent address of applicant:							
City, State, Zip							

Product (brand name) or service to be solicited			
How often will solicitations be made			
Cities worked in the last 30 days			

If applicant is under seventeen (17):

Name of responsible adult:

Last	First	Middle
Date of birth		
Driver's License Number:	State	
Social Security or I.D. Number		

Criminal Background:

Have you ever been convicted of a misdemeanor?	
If yes, explain:	

The granting of a solicitor’s permit by the City of Duncanville does not in any way warrant or recommend the quality of the product or services being solicited or sold. Any attempt to make such false representations will be sufficient cause for removal of the license is authorized by The City of Duncanville.

NO UNAUTHORIZED PERSONNEL WILL BE GIVEN ANY CRIMINAL HISTORY BACKGROUND INFORMATION. If you agree to have a criminal history background conducted on you, if you swear and affirm that the foregoing statements are true and correct to the best of your knowledge and belief, sign below. This application will take 3-5 business days for processing and must be filled out in its entirety for application to be processed. PLEASE WRITE LEGIBLY.

NO SOLICITING BETWEEN THE HOURS OF

7PM – 9AM or any time on New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Thanksgiving Day or Christmas Eve, Christmas Day, Passover or Easter.

DO NOT WRITE BELOW THIS LINE
INVESTIGATION REPORT

Statements made herein by applicant have been investigated and found true and reliable, with the following exceptions.

Permit issued/denied this _____ day _____ 20 _____

Chief of Police _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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. (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 [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	