

TEXAS COMMISSION ON LAW ENFORCEMENT

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Austin, Texas 78723-1035
Phone: (512) 936-7700
<https://www.tcole.texas.gov>

FAILED DRUG SCREEN FORM

Occupations Code § 1701.306; Commission Rules §§ 211.29, 217.1

LICENSEE INFORMATION

1. TCOLE PID	2. LICENSEE LAST NAME	3. LICENSEE FIRST NAME	4. M.I.	5. SUFFIX (Jr., etc.)
6. HOME MAILING ADDRESS	7. CITY	8. STATE	9. ZIP CODE	10. EMAIL
11. LICENSE TYPE(S)				
<input type="checkbox"/> PEACE OFFICER	<input type="checkbox"/> RESERVE OFFICER	<input type="checkbox"/> COUNTY JAILER	<input type="checkbox"/> TELECOMMUNICATOR	
<input type="checkbox"/> PUBLIC SECURITY OFFICER				

AGENCY INFORMATION

12. TCOLE NUMBER	13. AGENCY NAME	14. EMAIL		
15. MAILING ADDRESS	16. CITY	17. STATE	18. ZIP CODE	19. PHONE NUMBER

CHIEF ADMINISTRATOR OR DESIGNEE CERTIFICATION

20. The above-named licensee failed a drug screen, showing traces of drug dependency or illegal drug use. I, the chief administrator or the chief administrator's designee, certify that the information contained in this form is true and correct.		
NAME (TYPE OR PRINT)	SIGNATURE	DATE

Agency: This form is intended for a drug screen failed by a licensee while appointed with your agency and is not intended to replace the L-2 in the pre-appointment background process. If the licensee is finally determined to have failed the drug screen by showing traces of drug dependency or illegal drug use, submit this form and documentation of the failed drug screen to TCOLE at fitforduty@tcole.texas.gov within 30 days of the final determination.

THIS DOCUMENT IS CONFIDENTIAL AND NOT SUBJECT TO DISCLOSURE
UNDER THE PUBLIC INFORMATION ACT, GOVERNMENT CODE CHAPTER 552.