



*Applicants for the Infrastructure Threat Liaison Officer program must be at least 18 years of age and may not have criminal charges pending. Incomplete, inaccurate, or unsigned applications will not be considered. The Texas Department of Public Safety reserves the right to deny an application, or revoke a certification, for any candidate determined, in its sole discretion, to be unsuitable for the program.*

**Personal:**

Name (Last/First/Middle): Date of Birth:

Home Address:

Home Phone: Cellular Phone:

Mailing Address (if different from above):

Driver License # and State: E-mail Address:

Social Security #:

**Employment:**

Employer: Work E-mail Address:

Employer's Physical Address:

Employer's Mailing Address:

Office Phone: Work Cellular Phone:

Office Fax:

Please select the critical infrastructure sector(s) with which you are associated:

- |                       |                         |                               |  |
|-----------------------|-------------------------|-------------------------------|--|
| Agriculture & Food    | Critical Manufacturing  | Energy                        | Information Technology                 |
| Chemical              | Dams                    | Financial Services            | Nuclear Reactors,<br>Materials & Waste |
| Commercial Facilities | Defense Industrial Base | Government Facilities         | Transportation Systems                 |
| Communications        | Emergency Services      | Healthcare & Public<br>Health | Water & Wastewater                     |

Having made application to the Infrastructure Threat Liaison Officer program, and desiring them to be informed of my past record and character whether it be financial, academic, military, medical, employment, judicial or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information, privileged or otherwise, to the Texas Department of Public Safety and its representative and release all contributing parties of such information from any charges or liability whatsoever because of furnishing said information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**To be completed by your supervisor:**

I authorize the applicant to represent our organization and serve as a designated Infrastructure Threat Liaison Officer.

Name:

Title:

Work E-mail Address:

Work Phone:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form to the Texas Joint Crime Information Center (TXJCIC) Critical Infrastructure Protection Unit by e-mailing it to: [tip@dps.texas.gov](mailto:tip@dps.texas.gov)