



**REPORTED HISTORY FORM**

<b>APPLICANT NAME</b>			
<b>CRIMINAL HISTORY INFORMATION</b> (*USE ADDITIONAL PAGES AS NECESSARY.)			
Indicate <b>all</b> criminal history information, regardless of the amount of time that has passed or in which state the offense occurred. Include juvenile cases, <b>any</b> assaults of <b>any</b> level and disposition in court, all charges that were dismissed, deferred adjudications and all pending charges, whether or not you believe these are disqualifying.			
<b>Date of Arrest</b> (MM/DD/YYYY)	<b>Offense</b>	<b>Arresting Agency and Location</b> (COUNTY AND STATE)	<b>Full Disposition</b>
Have you ever received a <b>dishonorable discharge</b> from the military? <input type="radio"/> Yes <input type="radio"/> No * If <b>yes</b> , you must submit a copy of your <b>DD-214</b> .			
I acknowledge I <b>have reviewed</b> the eligibility criteria, disqualifying offenses and the definition of 'conviction' provided in the Texas Handgun Licensing Laws, Administrative Rules and of the Penal Code. <input type="radio"/> Yes <input type="radio"/> No			
Have you had a maiden and/or alias name, different from what is listed on your application? <input type="radio"/> Yes <input type="radio"/> No *If yes, please list all:			

<b>TREATMENT HISTORY INFORMATION</b> * USE ADDITIONAL PAGES AS NECESSARY.			
Indicate any history or information, of treatment and/or diagnosis received by, commitment to, or residence in:			
<ul style="list-style-type: none"> <li>• a drug or alcohol treatment center licensed to provide drug or alcohol treatment under the laws of this state or another state; OR</li> <li>• a psychiatric hospital; OR</li> <li>• a mental institution following an adjudication as a mental defective or court ordered commitment or treatment (per 18 U.S. Code § 922(g) (4)); OR</li> <li>• court ordered outpatient treatment; OR</li> <li>• a physician for a psychiatric disorder or condition that causes or is likely to cause substantial impairment in judgment, mood, perception, impulse control, or intellectual ability (per Texas Government Code § 411.172(d)(1)).</li> </ul>			
<b>Date</b> (MM/DD/YYYY)	<b>Facility</b>	<b>Location</b> (INCLUDE COUNTY AND STATE)	<b>Final Diagnosis</b>