Texas Department of Public Safety
Regulatory Services Division

HANDGUN LICENSING

- MUST USE MOST CURRENT FORM
- PRINT CLEARLY IN BLACK INK OR TYPE
- MAKE SURE ENTIRE CIRCLE IS FILLED

Submit your completed LTC-105A through email at **RSD_LRS_LTC@dps.texas.gov**

Clearly mark your options.

EXAMPLE:
● Yes ○ No

TACTICAL MEDICAL PROFESSIONAL CERTIFICATION APPLICATION

APPLICANT INFORMATION			
I currently hold a valid LTC License ☐ Yes ☐ No		☐ Original Application ☐ Renewal Application	
LTC License Number			
Last Name	First Name	Middle Name	Suffix (If Any)
Current Phone Number ☐ Home ☐ Cell ☐ Office		Current Email	

Initials	*Initial each box for each of the following items*
_____	I hereby acknowledge that I have read and understand the statutory definition of 'Tactical Medical Professional' and that at the time of the submission of this application I meet that definition which provides as follows: "Tactical Medical Professional" means a physician who is employed or appointed to provide direct support to a tactical unit responding to a high-risk incident to provide medical services to victims, officers, and other persons at the incident. Licensed under Subtitle B, Title 3, Occupations Code, or Health and Safety Code 773.003. The term does not include: (A) volunteer emergency services personnel; (B) an emergency medical services volunteer, as defined by Section 773.003, Health and Safety Code; or (C) a peace officer or reserve law enforcement officer, as those terms are defined by Section 1701.001, Occupations Code, who is performing law enforcement duties.
_____	I understand that the department's issuance of a Tactical Medical Professional Certificate of Completion under Gov. Code Section 411.1884(d) is based on my successful completion of a Tactical Medical Professional Training Course taught by a qualified LTC instructor who has completed the required DPS Tactical Medical Professional Instructor Course, my status as a current License to Carry holder at the time of the certificate's issuance, and my representation (above) to the department that I meet the statutory definition of 'Tactical Medical Professional'.

I verify the information provided is true and correct, and I understand this is an official government record and any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Applicant Signature _____ Date _____

(Electronic signatures accepted) (MM/DD/YYYY)

PRIVACY POLICY:

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.

a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:
    1. with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual.
    2. under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
    3. under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.