



Texas Department of Public Safety  
Regulatory Services Division

**Metals Recycling Entity**

**Application for Appointment to Advisory Committee**

FOR DPS USE ONLY

**Applicant Information**

Last Name	First Name	Middle Name	Suffix (If Any)
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**Address**

Residence Address (Cannot be a PO Box)	City	State	Zip Code
Mailing Address (If different from Residence Address)	City	State	Zip Code

**How would you like the public to contact you?**

Phone Number		Home   <input type="radio"/> Cell   Office
Email Address		Home   Office
Company Website		

**Check the appropriate box to indicate the committee membership position for which you are applying.**

<input type="checkbox"/>	Representative of local law enforcement agency located in municipality with a population of 500,000 or more;	Municipality/County:
<input type="checkbox"/>	Representative of local law enforcement agency located in municipality with a population of 200,000 or more but less than 500,000;	Municipality/County:
<input type="checkbox"/>	Representative of local law enforcement agency located in municipality with a population of less than 200,000;	Municipality/County:
<input type="checkbox"/>	Sheriff of a county with a population of 500,000 or more;	Municipality/County:
<input type="checkbox"/>	Sheriff of a county with a population of less than 500,000.	Municipality/County:
<input type="checkbox"/>	Representative of metal recycling entity industry; or	MRE License #:
<input type="checkbox"/>	Representative of an industry impacted by theft of regulated material.	Industry:

**Statement regarding reasons for applying:**

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<b>Professional or occupational licenses held:</b>
<b>Any noteworthy accomplishments or publicized events in which applicant was involved that might be relevant to the agency's decision:</b>
<b>Current and past public offices held or appointments to boards or committees:</b>
<b>Any criminal history (including relevant dates, courts, and cause numbers), other than for Class C misdemeanor traffic offenses, including arrests, charges, convictions, and deferred adjudications:</b>
<b>Any civil litigation to which you were a party (including relevant dates, courts, and cause numbers):</b>
<b>Employment history (attach resume)</b>

**Please sign your initials in the box below:**

I affirm I have thoroughly and accurately responded to the questions and requests for information on this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

By checking this box, I acknowledge the insertion of my electronic signature will have the same weight and effect as an original signature.

**Note:** Applications will only be reviewed when an opening on the committee is anticipated within the next 90-days. Please review the terms of the position for which you are applying and confirm the term will end within 90-days of the date your application is submitted.

**Submit your application and resume to the RSD Contact Us secure website:**

<https://www.dps.texas.gov/rsd/contact/tmp.aspx>.

Select "Submit a Document", fill in the electronic form, and attach the completed application and a copy of your resume.