



Texas Department of Public Safety
Regulatory Services Division

Metals Recycling Entity

FOR DPS USE ONLY

Application for Appointment to Advisory Committee

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:

Professional or occupational licenses held:
Any noteworthy accomplishments or publicized events in which applicant was involved that might be relevant to the agency's decision:
Current and past public offices held or appointments to boards or committees:
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:
Any civil litigation to which you were a party (including relevant dates, courts, and cause numbers):
Employment history (attach resume)

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.