

Texas Association of Licensed Investigators
Texas Certified Investigator (TCI)
TCI Application Form

Please Print Clearly

Last Name: _____	First Name: _____	Middle Name: _____
Address: _____	City: _____	State: _____ Zip: _____
Work Phone: _____	Fax: _____	Home Phone: _____
Social Security Number: _____ (Required for employment verification); Texas PI License No: _____		
Email address: _____ TALI Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Certifications: <input type="checkbox"/> CLI <input type="checkbox"/> CFE <input type="checkbox"/> Other: (describe) _____		
(Please attach photocopies of current certificates, cards and/or other proof.)		

Qualifying Experience and Education

Please provide the following information the applicant wishes the TCI Committee to consider as part of the applicant's work experience to meet the minimum requirements of five (5) years as a licensed private investigator in the State of Texas.

(1) Employer Name: _____ Period Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Supervisor's Name/Title: _____

Texas License No.: _____ Applicant Job Title/Duties: _____

(2) Employer Name: _____ Period Employed from: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Supervisor's Name/Title: _____

Texas License No.: _____ Applicant Job Title/Duties: _____

By signing this application for the Texas Certified Investigator (TCI) Program, I agree to adhere to all Bylaws of the Texas Association of Licensed Investigators, Inc. ("TALI"), to the rules and regulations of the Texas DPS Private Security Bureau, to the *TCI Policies and Procedures Manual* of the Texas Certified Investigator Program, and to the laws of the State of Texas and the United States of America. By signing this I also voluntarily give TALI or its designee(s) permission to inquire into my qualifications for my acceptance into this Program. **I acknowledge that from the date of this application, I must complete the TCI Certification process within one (1) year from the date of the next major TALI Seminar.** _____

(INITIALS)

Applicant Signature: _____ ***Date:*** _____

Submit the completed application with a check payable to TALI in the amount of \$200.00 to:
TALI/TCI Program Application
P.O. Box 670344
Dallas, Texas 75367-0344