



Training Certification Form

TCIC/NCIC Practitioner

Houston Police Department CJIS Compliance Unit

CJISID: _____

Texas Crime Information Center / National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material provided by HPD. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Practitioner Training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. **Consider all fields on this form MANDATORY.**

First Name: _____ Last Name: _____

Date of Birth: _____ Government Number: _____ State: _____

Email: _____

Company or Personal Email

Classroom Training Location: _____

Classroom Address

Date of Training: _____

HPD Provided Classroom Training

(Check Type of Training)

By signing this form I acknowledge that I have viewed the TCIC/NCIC Practitioner Training provided by HPD or attended a State of Texas approved TLETS training event and understand the rules and regulations associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: _____ Date: _____