

# Houston Police Department

## TCIC/NCIC Practitioner 2 hr. Video Training Certification Form



Texas Crime Information Center/ National Crime Information Center

I acknowledge that I have viewed the Practitioner's course material via the DVD provided. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the DVD and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein.

**Please Print Legibly:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Vendor Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

By signing this form I acknowledge that I have viewed the Criminal Practitioner's TCIC/NCIC Training DVD and related materials 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: \_\_\_\_\_