<ul> <li>\$95 Full Service Application &amp; Fingerpress</li> <li>\$80 for Veterans</li> <li>Within 24 hours of class, we will:         <ul> <li>We complete your State application</li> <li>We pay the application &amp; fingerprint fere</li> <li>We schedule your fingerprint appointme</li> <li>We submit all forms to the State</li> <li>We send a renewal reminder (future)</li> <li>Just show up to the fingerprint appointme</li> <li>WE do everything else.</li> </ul> </li> </ul>	<ul> <li>Been arrested</li> <li>Received treat</li> <li>Received psych</li> <li>We will NOT be a will need to com</li> <li>We will use the in for a Texas Licens</li> <li>appointment. Th</li> </ul>	If you have <u>EVER</u> : Been arrested and/or charged with a crime Received treatment for alcohol and/or drug abuse Received psychiatric treatment We will NOT be able to complete your application for you. You will need to complete it yourself. STOP HERE. We will use the information below to complete your application for a Texas License To Carry and schedule your fingerprint appointment. The State occasionally needs additional information. If they do, you may receive a letter from them in the mail.				
Name: Phone N	lo.:	Email:				
Have you ever served in the military?  No Yes	If yes, when did you get out	hen did you get out?Month & Year or Still Serving				
The State needs to know your <b>RESIDENTIAL ADDRESS</b> (es)						
Current: Street	City	State Zip	County			
Residence Since: <u>Month</u> , <u>Year</u> (if less	than five years, enter previo	us address(es) on the	e back)			
Is your Mailing Address the same as your Residential Add	dress? Yes If not, prov	ide below.				
Mailing Address: Street	City	State	Zip County			
The State needs to know your EMPLOYER INFORMATION	dating back a TOTAL OF FIV	E YEARS.				
If Retired, Full Time Student, or Unemployed note that be	elow with date.					
Current Employer: Name						
Address: Street,	City S	tate, Zip	County			
Employed Since: <u>Month</u> , <u>Year</u> (if less	than five years, enter previo	us employer(s) on the	e back)			
Birth Information: City: St	ate/Province: Coun	try:				
If you are NOT a US Citizen, please provide your country:						
If you have ever used a maiden or previous name, please	provide:		_			
If you have ever used an alias, please provide:						
What address would you like us to use when selecting a fi	ingerprint location? 🔲 Ho	ome 🔲 Employer	r			
We will try to schedule your fingerprint appointment duri	ing your preferred times. Mc	st locations are oper	າ M-F 8AM to 4PM.			
Please circle your PREFERRED appointment day / time: Y	our appointment will only ta	ike about 10 minutes	5.			
First Choice: Mon Tues Wed Thurs Fri Time of Day:	8-10AM 10AM-12PM 12-2	2PM 2-4PM				
Second Choice: Mon Tues Wed Thurs Fri Time of Da	ay: 8-10AM 10AM-12PM 1	2-2PM 2-4PM				
The Fingerprint Agency (IdentoGO) requires your weight.	lbs. (I wish I didn't	have to ask but hey	. they don't check.)			



Scan the QR Code with your cell phone camera or go to www.goheeled.com and select "Full Service TX LTC APP & Fingerprints" to pay.



## The information below is only needed if your Residency and Employment info on the front of this form is less than FIVE years total.

Name:				_					
Additional <u>R</u>	esidential	Addresses:							
	Street		,	City	, State,	Zip	County	-	
Dat	e: From	Month	, <u>Year</u> to	Month	, Year	_ (if less than fiv	e years total	, enter previous a	address below)
	Street		_,(	City	, <u>State</u> ,	Zip	, County	-	
Dat	e: From	Month	, <u>Year</u> to	Month	, Year	-			
Additional <u>E</u>	MPLOYER	Info:							
Previous Em	ployer:		Name	2					
Add	ress:	Stre	et	/	City	, Sta	te, Zip	Count	/
								, enter previous i	
Previous Em	ployer:		Name	2					
Add	lress:	Stre	et		City	, Stat	te, Zip	, County	,
Dat	e: From	Month	, Year_to	Month	, Year	-			