



**CRIMINAL HISTORY QUESTIONNAIRE INSTRUCTIONS**

RCAT must review your criminal history to determine if you are eligible to receive or renew a license. You must complete this form if you have ever been convicted of a felony or misdemeanor (other than a minor traffic violation) or pleaded guilty or no contest "nolo contendere" (resulting in a deferred adjudication) to any in state, out of state or federal criminal offense. Provide specific details, attaching a separate questionnaire form for each conviction.

Our review may take up to two (2) weeks to complete. Questions regarding this form may be addressed (512) 251- 7690. Please mail or email this form and any attachments, along with the application or renewal form and fees, to the address above.

**Your application will not be processed until this form, the original notarized application and payment are received.**

1. TYPE OF REQUEST - Check the box to indicate whether you are applying for a new license or renewing a license.
2. LICENSE NUMBER – Provide your license number if this questionnaire is being included with a renewal form.
3. FULL LEGAL NAME – Type or write your full legal name (First, middle and last name) in the spaces provided.
4. HOME ADDRESS - Type or write your current personal home mailing address. This address is only used for identity verification and will only be used for processing this request.
5. COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION – Provide the County and State here (ex: Travis County, TX).
6. COURT - Provide the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)
7. DATE CRIME COMMITTED - Provide the date you committed the crime.
8. DATE OF THE CONVICTION OR DEFERRED ADJUDICATION - Provide the date you were convicted or received a deferred adjudication.
9. EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION - Give the official description of the offense shown on your court records.
10. WHAT EXACTLY DID YOU DO (CRIME) AND WHY - Give a brief description of your actions and why you made those decisions. (If you need more space to write, attach additional sheets)
11. SENTENCE OR ACTION IMPOSED BY THE COURT – Provide a brief description of the sentence or other actions imposed by the court (example: six months in Travis County Jail, deferred adjudication, probation, etc.)
12. RENEWALS - If you are renewing your license, did the conviction or deferred adjudication you described in item 11 occur since your license was issued or last renewed? Place a check in the box for No or Yes.
13. PAROLE - If you are not on parole, please check No. If you answered Yes list your reporting officer's name and phone number.
14. PROBATION - If you are not on probation, please check No. If you answered Yes list your reporting officer's name and phone number.
15. STATEMENT OF APPLICANT – Carefully read the statement of applicant before you sign and date the questionnaire.

**CRIMINAL HISTORY QUESTIONNAIRE**

1. Type of Request: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal	2. License Number (if renewal): _____
3. Full Legal Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	
4. Home Address: _____ <small>FULL Address, City, State and Zip Code</small>	



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5. County and State of conviction or deferred adjudication: \_\_\_\_\_  
(ex. Travis County, TX)

6. Court: \_\_\_\_\_  
(ex. 300<sup>th</sup> Dist. Ct. or Fed. Ct.)

7. Date crime was committed: \_\_\_\_\_

8. Date of conviction or deferred adjudication: \_\_\_\_\_

9. Exact crime you were convicted of or received a deferred adjudication: \_\_\_\_\_  
\_\_\_\_\_

10. What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Sentence or action imposed by the court (ex: six months in Travis County Jail): \_\_\_\_\_

12. For renewals, did this conviction or deferred adjudication occur since your last license was issued? No  Yes

13. Are you currently on parole? No  Yes  (If yes, list your reporting officer's name and phone number below)

14. Are you currently on probation? No  Yes  (If yes, list your reporting officer's name and phone number below)

\_\_\_\_\_  
Parole or Probation Officer's Name

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

15. STATEMENT OF APPLICANT:

I affirm that the information I have provided in this questionnaire is true and accurate and I understand that any willful falsification, omission, or legal conviction prior to, or while licensed, constitutes grounds for denial of this application and/or revocation of the license I am requesting. I hereby authorize RCAT to verify the information in this application using public records, personal background, criminal and civil record checks. I understand that the RCAT Licensing Advisory Board has the final authority to approve or disapprove all applications and I understand that should I not be approved by the board, a \$25 application fee will be retained by RCAT and the balance of any fees paid for licensing will be refunded within 30 days.

I affirm that I have read and understand the RCAT Code of Ethics and that myself, my Company, employees and sub-contractors will abide by and be governed by them. I further understand that failure to do so shall be cause for termination of this license in accordance with the Program Guidelines.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date