



DISCIPLINARY ACTION QUESTIONNAIRE INSTRUCTIONS

You must complete this form if you have had an occupational license revoked, suspended, probated or denied in any state, county, or municipality. The License Advisory Board must review your disciplinary action history to determine if you are eligible to obtain or renew a license. Provide exact details when completing this form with information pertaining to occupational licenses only. This review does NOT include revocation of driver licenses.

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. LICENSE REVOKED, SUSPENDED OR PROBATED - Complete this section if you have one, or more, occupational licenses revoked, suspended or probated. Provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary.
6. LICENSE DENIED - If you applied for an occupational license and it was denied, complete this section. If you have had more than one license denial, provide the requested information separately as to each denial. Attach additional pages if necessary.
7. STATEMENT OF APPLICANT - Carefully read the statement of applicant before you sign and date the questionnaire.

DISCIPLINARY ACTION QUESTIONNAIRE

1. Type of Request: [ ] New Application [ ] Renewal 2. License Number (if renewal): \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_
First Middle Last

4. Home Address: \_\_\_\_\_
FULL Address, City, State and Zip Code

5. LICENSE REVOKED, SUSPENDED OR PROBATED
If you have had one, or more, occupational licenses revoked, suspended or probated, complete this section. Provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary. IMPORTANT: Do not include information about your driver license.

Type of occupational license: \_\_\_\_\_

Full name on the license: \_\_\_\_\_

License number: \_\_\_\_\_

Date the license was issued: \_\_\_\_\_

Name and address of the agency that issued the license: \_\_\_\_\_



LICENSE REVOKED, SUSPENDED OR PROBATED continued...

Name and address of the agency that imposed sanctions, if different from the issuing agency: \_\_\_\_\_

What sanction was imposed: \_\_\_\_\_  
(Ex. revocation, suspension, probation, etc.)

Date the sanction was imposed: \_\_\_\_\_ Specific reason(s) for the revocation, suspension, or probation:

If suspended or probated, specify the length of time of the suspension or probation: \_\_\_\_\_  
(ex. 6 months, 1 year, permanent)

What were the terms and conditions of the occupational license probation?

Did you successfully complete the license probation? (please check the box that applies) : No  Yes

If No, briefly state why: \_\_\_\_\_

6. LICENSE DENIED

Complete this section if you applied for an occupation license and it was denied. If you have had more than one license denial, provide the requested information as to each denial. Attach additional pages is necessary.

Type of occupational license: \_\_\_\_\_

Full name on the license: \_\_\_\_\_

Date you applied for the license: \_\_\_\_\_ Date the license was denied: \_\_\_\_\_

Name and address of the agency that issued the license: \_\_\_\_\_

Specific reason(s) for the denial: \_\_\_\_\_

7. 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, 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 \_\_\_\_\_