DECLARATION OF PSYCHOLOGICAL AND EMOTIONAL HEALTH

Name:		
Last	First	MI
Social Security Number:	Date of Birth	h:
Psychologist's Declaration for ORIG	INAL APPLICATION as a Personal Protecti	ion Officer Authorization
Multiphasic Personality Inventory and f	ogical evaluation of the above named individu ind this individual to be in satisfactory emot required by the provisions of Chapter 1702 Oct	tional health to perform the
Name of Psychologist:		
Address:		
City	State	Zip
Telephone (area code + number):		
Texas State Board of Examiner of Psycho	blogists License Number:	
Signature of Examining Psychologist:		
Date:		

This declaration is **NOT** public information and is valid for one year unless withdrawn or invalidated, and is valid only if signed by a licensed psychologist, pursuant to Title 10, Chapter 1702 Occupations Code, as amended.