

**TEXAS CRIME STOPPERS COUNCIL**  
Application for Initial Certification

**SECTION 1: ORGANIZATION INFORMATION**

**ORGANIZATION NAME:** \_\_\_\_\_

Tip Line Number: (\_\_\_\_\_) \_\_\_\_\_

Administrative Number: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: http://www. \_\_\_\_\_

Email: \_\_\_\_\_

Geographic service area (*include city(s), county(s), or zip code(s)*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Population of service area: \_\_\_\_\_

**INTERNAL REVENUE SERVICE (IRS)**

Organization Name as stated on IRS determination Letter:

\_\_\_\_\_

IRS Employer Identification Number (EIN): \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

*Please indicate the date of most recent annual filing and select form submitted:*

Date: \_\_\_\_\_

Form 990-N     Form 990-EZ     Form 990     Other (specify): \_\_\_\_\_

**TEXAS SECRETARY OF STATE**

Organization Name as stated in Certificate of Formation:

\_\_\_\_\_

Texas Secretary of State Filing Number: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Registered Agent Name: \_\_\_\_\_

Registered Agent Mailing Address: \_\_\_\_\_

Registered Agent Phone: (\_\_\_\_\_) \_\_\_\_\_

**SECTION 2: PARTICIPATING LAW ENFORCEMENT AGENCY INFORMATION**

**Agency Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Chief/Sheriff: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Chief/Sheriff: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Agency Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Chief/Sheriff: \_\_\_\_\_

**SECTION 3: PARTICIPATING COURTS AND COMMUNITY SUPERVISION & CORRECTIONS DIVISIONS**

**Name:**

**Address:**

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**SECTION 4: UMBRELLA CAMPUS CRIME STOPPERS PROGRAMS**

**School Name:**

**School Address:**

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**SECTION 5: TRAINING REQUIREMENTS**

*(16-hours of Crime Stoppers Training for the following must have been completed within the 12 months prior to application; Executive Director training requirement must be included if applicable)*

**BOARD MEMBER NAME:** \_\_\_\_\_

Course(s) Attended: \_\_\_\_\_

Course Date(s): \_\_\_\_\_ Course Location(s): \_\_\_\_\_

**COORDINATOR NAME:** \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

**EXECUTIVE DIRECTOR NAME:** \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

**SECTION 6: OTHER REQUIREMENTS AND ATTACHMENTS**

Y N **Current Board of Directors list is attached.**

*(Must include the name, phone number(s), mailing address, email address, occupation, and board position of each member of the board of directors and law enforcement coordinator(s).*

Y N **Letter(s) of endorsement from the head of each supporting law enforcement agency.**

Y N **Copies of all Memorandums of Understanding with supporting law enforcement agencies.**

Y N **Copies of all Memorandums of Understanding for shared funds.**

Y N **Documentation from the Internal Revenue Service (IRS) granting tax-exempt status.**

Y N **Texas Secretary of State (SOS) Certificate of Formation.**

***OTHER ATTACHMENTS (please describe):***

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**SECTION 6: SIGNATURES**

\_\_\_\_\_  
Signature of Chair/President

\_\_\_\_\_  
Signature of Financial Officer/Treasurer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Email/Phone

\_\_\_\_\_  
Email/Phone

**This form, along with all supporting documents may be submitted by mail, email or fax to:**

**Mail:** Texas Crime Stoppers Council, P.O. Box 12428, Austin, TX 78711

**Email:** txcrimestoppers@gov.texas.gov

**Fax:** (512) 475-2440