

**DEPUTIZATION REQUEST/AUTHORIZATION**

Must be typewriter completed. See reverse for Privacy Act

**PART I - PARENT AGENCY CERTIFICATION**

FROM: (Enter Name of State/Local Agency)

COLLIN COUNTY SHERIFF'S OFFICE

TO: Special Agent in Charge

DALLAS FIELD

Division

Name of Employee: JOSE LUIS PAREDON

Task Force: DALLAS-ENFORCEMENT GROUP 3

Home Address: 1112 MILLICAN LANE AUBREY, TX 76227

Sex: MALE

Date of Birth: 10-29-1990 Place of Birth: FORT WORTH, TX

SSN:

By my signature below, I certify that I have reviewed the character and internal personnel file for this individual and confirm that he/she is suitable for assignment with the DEA/Task Force and I am not aware of any potential impeachment information regarding this individual. I certify that he/she has not been previously convicted of a misdemeanor crime of domestic violence, within the meaning of Title 18, USC, Section 922(g)(9). I further certify that on the date below I verified that a security check (background investigation) to include an FBI fingerprint check was completed and no derogatory information was uncovered:

Jim  
SHERIFF JOE SKINNER

Typed Name and Title of State/Local Official (Lt. or above)

Last Firearms Qualification 12-19-2018 (date)

Joe Skinner 9/9/19  
Signature and date of State Local Official

**PART II - SAC CERTIFICATION**

FROM: Special Agent in Charge

TO: Chief, Investigative Support Section

DALLAS

Division

NADDIS and NLETS and/or NCIC checks concerning this subject have been completed and certification (DEA-481i) is attached. When additional processing by your office has been conducted, appropriate action will be taken by this Division.

It is understood that the subject's access is restricted to his/her need-to-know, as operational circumstances dictate.

CLYDE E. SHELLEY, JR.

Typed Name and Title of Special Agent in Charge

Special Agent in Charge (Signature and date)

**PART III - DEPUTIZATION STATEMENT**

FROM: Administrator, Drug Enforcement Administration

TO: Special Agent in Charge

Pursuant to the authority granted to the Attorney General by Public Law 99-570, Section 1869, and delegated to me by Title 28, Code of Federal Regulations, Subpart R, Section 0.100 et. Seq., you are hereby authorized to exercise the powers of enforcement personnel set forth in Section 878, Title 21, United States Code, which are to:

- (1) carry firearms;
- (2) execute and serve search warrants, arrest warrants, administrative inspection warrants, subpoenas, and summonses issued under the authority of the United States;
- (3) make arrests without a warrant (A) for any offense against the United States committed in your presence, or (B) for any felony, cognizable under the laws of the United States, if you have probable cause to believe that the person to be arrested has committed or is committing a felony;
- (4) make seizures of property pursuant to the provisions of this Subchapter (21 U.S.C. 801-904); and
- (5) perform such other law enforcement duties as the Attorney General may designate.

Deputization authority is authorized from the date affixed to my signature for the period checked below unless sooner terminated in writing.

☐ While you are a DEA Task Force Officer

☐ For investigation(s) \_\_\_\_\_ with an automatic expiration date upon conclusion of investigation NTE 1 year.

☐ Other \_\_\_\_\_

OMS USE ONLY

\_\_\_\_\_  
Administrator, Drug Enforcement Administration  
(Approval Authority Delegated to Chief, OMS)

Date

**PART IV - OATH OF OFFICE**

I, JOSE LUIS PAREDON, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will faithfully discharge the duties of the office on which I am about to enter. So help me God.

I understand that, upon deputization, I will be subject to the provisions contained in 5 U.S.C. 3374(C), including the provisions relating to the unauthorized use of official Government vehicles. I further certify that I have read, understand, and agree to abide by the standards of conduct described in Section 2735 of the DEA Personnel Manual and Subchapter 632 of the DEA Agents Manual pertaining to the dissemination of information.

Task Force Officer (Signature and Date)

Special Agent in Charge

DALLAS

Division

PRIVACY ACT STATEMENT - FORM DEA-481

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), for individuals completing forms regarding Federal nomination for DEA Task Force Deputization.

**Authority:** Section 878 of United States Code Title 21, and Public Law 99-570, Title 28 Code of Federal Regulations, Subpart R, Section 0.100 et. seq.

**Purpose and Uses:** Primarily for DEA internal use and is used for nomination, certification, approval, selection and acknowledgment/oath of DEA Task Force Officer or Temporary Deputized Officer.

**Effect:** Failure to provide the necessary information could preclude the nominee from being considered and/or selected for the Task Force Deputy position.

**Social Security No.:** Providing social security number is voluntary (5 U.S.C. 552a). However, failure to provide this information may cause applications to be rejected where nominees cannot be properly identified.