

Fire Extinguisher Apprentice Permit Application

Instructions

- Application fee \$30 (TDI code 571)
- Print or type your information.
- Apprentice permits are valid for one year from the date issued by the State Fire Marshal's Office (SFMO).
- Include all required documents and information required by Chapter 6001 of the Texas Insurance Code and Section 34.500 for the Texas Administrative Code, the Fire Extinguisher Rules.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send one payment to cover fees. Payments for various applications must be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your permit if you misrepresent or knowingly give wrong information on this application.

1. Applicant information

First name	Middle name	Last name	Suffix			
Home address (no P.O. box)						
City	State	ZIP	County			
Mailing address						
City	State	ZIP	County			
Date of birth (mm/dd/yyyy)			*Social Security number			

^{*}The disclosure of your Social Security number is required by Texas Family code, Section 231.302 and will be used pursuant to that code.

	Driver's license number and state		Pl	hone	
	Email (required)				
2.	2. Employer information				
	Company name				
	Address				
	City	State	ZIP	County	
	ECR-				
	Extinguisher certificate of registration nun	nber (Use "pendi	ng" if this is a new	company application)	
	Phone		Date of hire		
3.	3. Questions				
	a. Do you presently hold, or have State Fire Marshal's Office?	you previously h	neld a permit or	license issued by the Texas	
	Yes No				
	If yes , enter license number:				
	b. Have you ever had a permit or l details on a separate page.	license denied, s	suspended, or re	evoked? If yes , please provide	j
	Yes No				
	c. Excluding traffic violations:				
	 Have you ever been convicted state, or by the federal gove 		eanor or felony	offense in Texas, in any other	
	Yes No				
	 Have you ever had adjudicated Texas, in any other state, or 			r or felony charge or offence	in
	Yes No				
	 Have you ever served proba state, or by the federal gove 		meanor or felor	ny offence in Texas, in any oth	าer
	☐ Yes ☐ No				

If you answered yes to any of the questions under "c." you must submit a supplemental criminal history information form <u>SF261</u> for each occurrence.

4. Fingerprints

All first-time applicants must have their fingerprints taken by IdentoGo. View <u>information and instructions</u>.

5. Certification

Applicant

- I am familiar with and will comply with the requirements in Chapter 6001 of the Texas Insurance Code and Section 34.500 of the Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I verify that the information on this application and its attachments are true and correct.
- I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record, which is punishable under the Texas Penal Code 37.10.

Applicant signature	Date	
Print name		

Employer

- I certify that this applicant is an employee of this company and upon receipt of a permit is designated to represent this company, subject to Chapter 6001 of the Texas Insurance Code and Section 34.500 of the Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I know of no reason why this applicant should be denied a permit.
- I verify that the information on this application and its attachments are true and correct.
- I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record, which is punishable under Texas Penal Code, Section 37.10.

Signature of authorized company representative	Date	
Print name	Title	

6. Payment

Pay by check or money order payable to the Texas Department of Insurance. Mail your completed application, additional documents, and payment to the following mailing address:

State Fire Marshal's Office P.O. Box 12107 Austin, Texas 78711-2107

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email FMLicensing@tdi.texas.gov. There may be a fee to update information held by SFMO.