Individual Application for All Types of Fire Alarm Licenses

Instructions

- Print or type your information.

- Include all required test and certification documents as indicated on the Fire Alarm License and Test Information Guide SF229. These requirements are in Chapter 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm Rules.

- Do not submit your application until you have met all test requirements. Test scores are valid for one year from the date the test was taken.

- 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 license if you misrepresent or knowingly give wrong information on this application.

1. Applicant information (Use your full name as it appears on your driver's license.)

First name	Middle name	Last name	Suffix

Phone	Driver's license number and state

Date of birth (mm/dd/yyyy)	Social Security number[1]

Type of license application (Check only one)	Fee (TDI code 572)
☐ Fire Alarm Technician (FAL)	$120
☐ Fire Alarm Monitoring Technician (AMT)	$120
☐ Residential Fire Alarm Superintendent – Single-Station (RAS-SS)	$120
☐ Residential Fire Alarm Superintendent (RAS)	$120
☐ Residential Fire Alarm Technician (RAL)	$50
☐ Fire Alarm Planning Superintendent (APS)	$120

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

Home address (no PO box)

City	State	ZIP	County

Mailing address

City	State	ZIP	County

Email (Required)

2. Employer information

Will this applicant be a designated full-time employee? (Answer **no** if the individual holds an RAL license.) ☐ Yes ☐ No

Company name

Phone	Date of hire (mm/dd/yyyy)

Address

City	State	ZIP	County

ACR-

Fire alarm certificate of registration number (Use "pending" if this is a new company application)

3. Questions

a. Have you met the National Institute for Certification in Engineering Technologies (NICET) exam requirements for certification? If **yes**, include a copy of the NICET documents with your application.

☐ Yes ☐ No

b. Do you have an Electronic Security Association (ESA) Level II or Level III certification for fire alarm systems? If **yes**, include a copy of the ESA documents with your application.

☐ Yes ☐ No

c. Are you a professional engineer registered in Texas? If **yes**, include a copy of your registration with this application.

☐ Yes ☐ No

d. Do you have a current license or permit issued by the Texas State Fire Marshal's Office?

☐ Yes ☐ No   If **yes**, enter your license number: _____

e. Have you ever held a license or permit issued by the Texas State Fire Marshal that is not shown in question "**d.**"?

☐ Yes ☐ No

f. Have you ever had a permit or license denied, suspended, or revoked? If **yes**, please provide details on a separate page.

☐ Yes ☐ No

g. Excluding traffic violations:

- Have you ever been convicted of a misdemeanor or felony offense in Texas, in any other state, or by the federal government?

  ☐ Yes ☐ No

- Have you ever had adjudication deferred on a misdemeanor or felony charge or offense in Texas, in any other state, or by the federal government?

  ☐ Yes ☐ No

- Have you ever served probation for a misdemeanor or felony offense in Texas, in any other state, or by the federal government?

  ☐ Yes ☐ No

If you answered yes to any of the questions under "g.", you must submit a Criminal History Information Supplemental form SF261 for each occurrence.

4. Fingerprints

All first-time applicants must have their fingerprints taken by IdentoGo. View fingerprint information and instructions.

5. Certification

Applicant

- I am familiar with and will comply with the requirements in Chapter 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm 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 will be an employee of this company and will be covered by the general liability insurance policy of the company. Upon receiving a license, the applicant will be designated to represent this company, subject to Chapter 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm Rules.

- I know of no reason why this applicant should be denied a license.

- 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, 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
PO 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, PO 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, PO 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.