## **Company Branch Office Update Form**

## **Instructions**

- Print or type your information.
- Use this form to list all branch office locations registered with the State Fire Marshal's Office (SFMO).
- If you have more than six branch office locations, list the additional locations on a separate page.

1.	Type of Company: (mark one)
	Fire Alarm Company (Fire alarm companies <b>must</b> include the designated full-time employee for each branch office location that you are updating.)
	Fire Extinguisher Company
2.	Company information
	Company name
	Certificate of registration number
3.	Branch office locations to update (No P.O. box addresses)
	► Location 1
	Address
	City State ZIP County
	Name of designated full-time licensed employee at this office Employee's license number

# Address County City State ZIP Name of designated full-time licensed employee at this office Employee's license number ► Location 3 Address City State ZIP County Name of designated full-time licensed employee at this office Employee's license number ▶ Location 4 **Address** City State ZIP County Name of designated full-time licensed employee at this office Employee's license number ▶ Location 5 Address City State ZIP County

Name of designated full-time licensed employee at this office

▶ Location 2

Employee's license number

# Address City State ZIP County Name of designated full-time licensed employee at this office Employee's license number

### 4. Send this completed form by mail or email to:

**Mailing address** 

► Location 6

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

FMLicensing@tdi.texas.gov

## **Your rights**

You can request information we have about you by emailing <a href="OpenRecords@tdi.texas.gov">OpenRecords@tdi.texas.gov</a> 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 <a href="RecordCorrections@tdi.texas.gov">RecordCorrections@tdi.texas.gov</a> 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 <a href="MLicensing@tdi.texas.gov">MLICENSING@tdi.texas.gov</a>. There may be a fee to update information held by SFMO.