



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF272 | 0622

Application to Revise All Types of Individual Fireworks Licenses

Instructions

- **Fee: \$20** (TDI code 570)
- Use this form to:
 - Request a copy of a license; or
 - Change your home and/or mailing address.
- Print or type your information.
- 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. Licensee information (Use your full name as it appears on your driver's license.)

Note: any changes made to your contact information on this application will be reflected on your SFMO record.

First name	Middle name	Last name	Suffix
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Phone (required)	Effective date of change
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Email (required)

SFMO license number	*Social Security number (required)
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***The disclosure of your Social Security number is required by the Texas Family Code, Section 231.302 and will be used pursuant to that code.**

Home address

City	State	ZIP	County
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Mailing address

City	State	ZIP	County
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▶ Check this box to request a duplicate copy of your license.

2. Applicant signature (required)

I verify that all information above is correct.

Applicant signature

Date

3. 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.