▶ \$35 fee for any changes in sections 1, 2, and 3.

SCR

Company Information Update Form

Instructions (Mark all that apply and pay only one fee.) ▶ **Fee** for a duplicate copy or any changes to sections 1, 2, and 3. Change your company's physical and/or mailing address: Complete sections 1 and 6. Request a duplicate copy of the registration: Complete sections 1 and 6. Change your branch office physical location address: Complete section 1, 2, and 6. Add a D/B/A (doing business as) name: Complete sections 1, 3, and 6. ▶ **No fee** for any changes to sections 4 and 5. **Add or remove authorized signers**: Complete sections 1, 4, and 6. Update the management or officers of a corporation, limited liability company (LLC), or limited liability partnership (LLP): Complete sections 1, 5, and 6. **Note:** If you have a total change in company ownership or change of entity, contact the State Fire Marshal's Office (SFMO) prior to submitting this form. Information Print or type your information. Any changes indicated on this form will be made for all certificate of registration numbers indicated below. 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. Registration type Mark all that apply and include registration numbers. ▶ \$20 fee (per registration) for any changes in sections 1, 2, and 3. ECR _____

1.	Company information (required) Any changes made to your contact information on this application will be reflected on your SFMO							
	Company name							
	IRS Tax ID / Employer's identification number (EIN)							
	Physical address							
	City	State	ZIP	County				
	Mailing address							
	City	State	ZIP	County				
	Name of contact person		Title					
	Phone		Fax					
	Email (required)		Website (optional)					
2.	Change your branch office physical location address							
	If the branch office location is new or changing cities, complete a certificate of registration application for the appropriate program.							

State

State

Physical address

Mailing address

City

City

2/5

County

County

ZIP

ZIP

Important: You must include: (1) a copy of the assumed name certificate filed with the Texas Secretary of State office and (2) proof of insurance showing the D/B/A designation.						
Full company name	e					
New assumed name or D/B/A (doing business as) name						
Address						
City	State	ZIP	County			
Phone	Email (required)					
Add or remove	e authorized signers					
Add first autho	orized signer	Title				
Signature		Date				
Add second au	thorized signer					
Print name		Title				
Signature		Date				
Remove autho	rized signers					
, , ,	who were previously authorize, but who are no longer with	3				
Print name	Title		Effective date			

Title

3. Add a D/B/A (doing business as) name

Print name

Effective date

5. Change in management or officers of the corporation, limited liability partnership (LLP), or limited liability company (LLC).

Note: If you have a total change in company ownership or change of entity, contact SFMO prior to submitting this form.

Please list the new managers or officers and include the paperwork from the Texas Secretary of State's office showing the change.

Print name	Title	Effective date
Drint name	Tial a	
Print name	Title	Effective date

6. Certification (signature required)

Signature of authorized representative

- I authorize the Texas State Fire Marshal or its representative to enter, examine, and inspect any premises, building, room, or establishment used by the company while engaged in the business to determine compliance with the provisions of the applicable articles of the Texas Insurance Code and the rules adopted pursuant to those articles.
- I am familiar with and will comply with the applicable articles of the Texas Insurance Code.
- 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.

Date

Print name	Title				
If it's a partnership, complete the section below.					
Print name	Title				
Signature	Date				
Print name	Title				
Signature	Date				

7. Payment

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

State Fire Marshal's Office PO Box 12107 Austin, Texas 78711-2107

▶ If no payment is required for your selected transactions, you may email your completed and signed documentation to FMLicensing@tdi.texas.gov.

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.