TEXAS DEPARTMENT OF INSURANCE
State Fire Marshal's Office (112-FM)
333 Guadalupe Street, Austin, Texas 78701 ✯ PO Box 149221, Austin, Texas 78714
(512) 676-6800 | F: (512) 490-1056 | TDI.texas.gov/fire | @TXSFMO

Application to Revise or Transfer All Types of Fire Extinguisher Licenses

- Use this form to:
  - Request a copy of a license
  - Change your home or mailing address.
  - Transfer a license to a different registered company.
  - Add license to another registered company.
- For Type A and Type K licenses – complete Page 5.
- Please print or type your answers.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send only one payment to cover all fees. Fee payments for various applications need to be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your certificate of registration 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.)

First name	Middle name	Last name	Suffix

Phone	*Social Security number (required)	SFMO license number

Email (required)	Effective date of change

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

▶ Type of requested change **Fee: $20** (TDI code 571)

Check all that apply. Pay only one fee no matter how many transactions are checked on this form.

- ☐ Request a duplicate copy of a license
- ☐ Change home or mailing address – complete section 2
- ☐ Transfer from one company to another – complete sections 3 and 5
- ☐ Add license to another registered company – complete sections 4 and 5

2. Change to home or mailing address

Previous home or mailing address

Previous home address	City	State	ZIP	County
Previous mailing address	City	State	ZIP	County

New home or mailing address

New home address	City	State	ZIP	County
New mailing address	City	State	ZIP	County

3. Company transfer information

☐ Check the box to transfer your license from all registered companies SFMO has on file.

or

List the name of the company you are transferring your license from.

_____

_____

Enter the name of the company you are transferring to and the ECR number.

Company name

ECR-

Fire extinguisher certificate of registration number (if a new company application, indicate "pending")

4. Add license to another registered company.

Company name

ECR-

Fire extinguisher certificate of registration number (if a new company application, indicate "pending")

5. Company authorization (required for sections 3 and 4)

- 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 Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I am familiar with and will comply with Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- 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.

Company authorized representative signature Date

Print name Title

6. Applicant signature (required)

I verify that all information above is correct.

Applicant signature Date

7. Payment

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

Mailing address
State Fire Marshal's Office
P.O. Box 149221
Austin, Texas 78714-9221

Street address
State Fire Marshal's Office
333 Guadalupe St.
Austin, Texas 78701

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 149104 (mail code 112-1C) Austin, Texas 78714-9104. 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 149104 (mail code 113-1C), Austin, Texas 78714-9104. There is a different process to change or update information you submitted to the State Fire Marshal'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.

Use for Type A and Type K license applications only

- Complete the table below and submit with the completed application.
- By signing below, you certify that this applicant is competent to install or service the following fixed systems, which my company is currently qualified to install or service.

Manufacturer / Brand name	System type

Applicant information

First name | Middle name | Last name | Suffix

Company name

Signature of authorized representative | Date

Print name | Title