



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

Individual Application for All Types of Fire Alarm Licenses

- Please print or type your answers.
- 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 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 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	
Date of birth (mm/dd/yyyy)		*Social Security number		
Home address (no P.O. box)	City	State	ZIP	County
Mailing address	City	State	ZIP	County
Email (Required)	Phone	Driver's license number and state		

*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 license application (Mark only one)	Fee
<input type="checkbox"/> Fire Alarm Technician (FAL)	\$120
<input type="checkbox"/> Fire Alarm Monitoring Technician (AMT)	\$120
<input type="checkbox"/> Residential Fire Alarm Superintendent – Single-Station (RAS-SS)	\$120
<input type="checkbox"/> Residential Fire Alarm Superintendent (RAS)	\$120
<input type="checkbox"/> Residential Fire Alarm Technician (RAL)	\$50
<input type="checkbox"/> Fire Alarm Planning Superintendent (APS)	\$120

2. Employer information

Company name	Phone	Date of hire (mm/dd/yyyy)
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Address	City	State	ZIP	County
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ACR-

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

- Will this applicant be the company's designated full-time employee?
 Yes No

Note: The designated full-time employee cannot be an RAL applicant.

3. Questions

1. Have you met the [National Institute for Certification in Engineering Technologies \(NICET\)](#) exam requirements for certification? Yes No

If **yes**, include a copy of the NICET documents with your application.

2. Do you have an [Electronic Security Association \(ESA\)](#) Level II or Level III certification for fire alarm systems? Yes No

If **yes**, include a copy of the ESA documents with your application.

3. Are you a professional engineer registered in Texas? Yes No

If **yes**, include a copy of your registration with this application.

4. 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: _____

5. Have you ever had a permit or license denied, suspended, or revoked? Yes No

If **yes**, please provide details on a separate page.

6. Excluding traffic violations and first-offense DWI:

a. Have you ever been convicted of a misdemeanor or felony offense in Texas, in any other state, or by the federal government? Yes No

b. 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

c. 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 questions 6 a, b, or c, you must submit a supplemental criminal history information form [SF261](#) for each occurrence.

► Fingerprints

All first-time applicants must have their fingerprints taken by IdentoGo. For information and instructions, go to: <http://www.tdi.texas.gov/fire/fingerprint-instructions-sfmo.html>

4. 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 Texas Penal Code, Section 37.10.

 Signature of authorized company representative

Date

 Print name

Title

5. 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.