



State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 * PO Box 149221, Austin, Texas 78714-9221
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

FIRE SPRINKLER CERTIFICATE OF REGISTRATION APPLICATION

DIRECTIONS: This application must be accompanied by the appropriate fee and all documents and information required by the Texas Insurance Code, Chapter 6003, and the Fire Sprinkler Rules.

Complete answers must be given to all questions.

Please print or type.

Any fraudulent representation on this application shall be cause for denial, suspension or revocation of a certificate of registration.

All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

Table with 4 columns: CHECK ONE, TYPE OF CERTIFICATE OF REGISTRATION, LICENSE FEE, CODE. Rows include Certificate of Registration, Certificate of Registration - Dwelling, and Certificate of Registration - Underground.

APPLICANT section containing fields for ASSUMED NAME OR d/b/a NAME, PHYSICAL BUSINESS LOCATION, CITY, STATE, ZIP CODE, COUNTY, TELEPHONE NO., FAX NO., E-MAIL ADDRESS FOR NOTIFICATION PURPOSES, WEB SITE ADDRESS, and MAILING ADDRESS.

PREVIOUS HISTORY section with a question: 'Has the firm or any owner or officer of the firm ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business?' and YES/NO checkboxes.

| OWNERSHIP OF FIRM | | Check and complete the section below that applies to your company |
|--|--|---|
| <input type="checkbox"/> Sole proprietorship | Name of Individual Owner: | |
| <input type="checkbox"/> General Partnership | Names of Individual Partners: | |
| <input type="checkbox"/> Limited Liability Partnership (LLP) or Limited Partnership (LP) | Full Legal Name of Partnership: | |
| | Full Legal Name of General Partner: | |
| <input type="checkbox"/> Corporation | Full Legal Name of Corporation: | |
| <input type="checkbox"/> Limited Liability Co (LLC) | Full Legal Name of Limited Liability Co: | |

| IDENTIFICATION NUMBERS |
|--|
| Federal employer's identification (FEI) number |
| Filing number assigned by Texas Secretary of State (for Corporations, Limited Liability Companies, and Limited Partnerships) |

| SMALL BUSINESS INFORMATION <i>(to determine the quantity of small businesses as required by Government Code, Chapter 2006, Sec. 2006.002)</i> | |
|--|--|
| The firm regularly has fewer than 100 employees. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm regularly has fewer than 20 employees. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm is independently owned and operated. <i>(i.e. not a subsidiary or subject to control by another entity or not publicly traded)</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm regularly generates less than \$6 million in annual gross receipts. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| EMPLOYEES | |
|---|----------------|
| Provide the name(s) of the FULL-TIME licensed RME for the physical business location listed on the first page of this application. If the firm does not currently employ a licensed individual, list one whose license is pending based on this application. | |
| NAME | LICENSE NUMBER |
| NAME | LICENSE NUMBER |

| BUSINESS LOCATIONS | | |
|---|-------------|----------------|
| List the complete address for all additional business offices where planning is performed and the name of the FULL-TIME Responsible Managing Employee (RME) for each location. <i>Each fire protection sprinkler system contractor must employ at least one full-time, licensed responsible managing employee at each business office where planning is performed.</i> (Use additional sheet if necessary) | | |
| ADDRESS, CITY, STATE AND ZIP CODE | NAME OF RME | LICENSE NUMBER |
| ADDRESS, CITY, STATE AND ZIP CODE | NAME OF RME | LICENSE NUMBER |

| ADDITIONAL AUTHORIZED SIGNATURES | | | |
|--|-----------|-------|------|
| List all persons that you authorize, on behalf of your firm, to sign official documents submitted to this office. <i>(Examples: change of firm's business or mailing address, change of corporate officers, employment or termination of licensees.)</i> | | | |
| PRINTED NAME | SIGNATURE | TITLE | DATE |
| PRINTED NAME | SIGNATURE | TITLE | DATE |

CERTIFICATION

I hereby authorize the State Fire Marshal or his representative to enter, examine and inspect any premises, building, room or establishment used by my firm while engaged in the business to determine compliance with the provisions of the Texas Insurance Code, Chapter 6003, and the Fire Sprinkler Rules. I am familiar with and will comply with the Texas Insurance Code, Chapter 6003, and the Fire Sprinkler Rules. By my signature, I verify that the information on this application and its attachments are true. 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 Chapter 37, §37.10.

| | | | |
|--------------|-----------|-------|------|
| PRINTED NAME | SIGNATURE | TITLE | DATE |
|--------------|-----------|-------|------|

PROVIDE ADDITIONAL SIGNATURES IF PARTNERSHIP

| | | | |
|--------------|-----------|-------|------|
| PRINTED NAME | SIGNATURE | TITLE | DATE |
| PRINTED NAME | SIGNATURE | TITLE | DATE |

APPLICATIONS MUST BE SIGNED BY AN OFFICER OF A CORPORATION, BY THE SOLE PROPRIETOR, BY EACH PARTNER OF A GENERAL PARTNERSHIP, BY THE GENERAL PARTNER OF A LIMITED LIABILITY PARTNERSHIP OR BY AN OFFICER OR MEMBER OF A LIMITED LIABILITY COMPANY.

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with the appropriate fee and additional documents to:

| | | | |
|------------------|---|-------------------|---|
| Mailing Address: | State Fire Marshal's Office Mail Code 9999 P. O. Box 149221 Austin, Texas 78714-9221 (512) 676-6809 | Physical Address: | State Fire Marshal's Office 333 Guadalupe Street Austin, TX 78701 Fax No. (512) 490-1056 Web site: www.tdi.texas.gov/fire |
|------------------|---|-------------------|---|

| ADDITIONAL DOCUMENTS | | | |
|---|--|--|--|
| If you are a Texas or Foreign Corporation submit the following | If you are a Sole Proprietorship or General Partnership submit the following: | If you are a Texas or Foreign Limited Partnership submit the following | If you are a Texas or Foreign Limited Liability Company submit the following |
| Certificate of general liability insurance | Certificate of general liability insurance | Certificate of general liability insurance | Certificate of general liability insurance |
| Corporate Charter, Certificate of Existence, or Certificate of Authority issued by the Texas Secretary of State | | Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership | Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State |
| Franchise Tax Account Status must be <i>ACTIVE</i> with the Texas Comptroller of Public Accounts | | Franchise Tax Account Status must be <i>ACTIVE</i> with the Texas Comptroller of Public Accounts | Franchise Tax Account Status must be <i>ACTIVE</i> with the Texas Comptroller of Public Accounts |
| Assumed Name Certificate from Texas Secretary of State (if using a d/b/a) | Assumed Name Certificate from County Clerk's office where business is located (if using a d/b/a) | Assumed Name Certificate from Texas Secretary of State (if using a d/b/a) | Assumed Name Certificate from Texas Secretary of State (if using a d/b/a) |
| Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee |

Texas Secretary of State: (512) 463-5578

Texas Comptroller of Public Accounts (800) 252-1386
<http://ourcpa.cpa.state.tx.us/coa/Index.html>

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI,

please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.