



## 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

## Company Information Update Form

- Please print or type your answers.
- 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 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.

### ► Required information

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Company name

	<b>Certificate of registration number</b>	<b>Fee for changes in sections 1-3.</b>
Alarm	ACR-	\$20
Extinguisher	ECR-	\$20
Type C Hydrostatic	HCR-	\$20
Sprinkler	SCR-	\$35

## ► Information to update (Mark all that apply)

**Note:** There are fees due for changes to sections 1-3.

- Request a duplicate certificate of registration – complete section 1. *(fee applies)*
- To add a D/B/A (doing business as) name – complete section 2. *(fee applies)*
- To change your company's physical or mailing address – complete section 3. *(fee applies)*

**Note:** There are no fees due for changes to sections 4-6.

- To update your company's contact information – complete section 4. *(no fee)*
- To add or remove authorized signers – complete section 5. *(no fee)*
- To update the management or officers of a corporation, limited liability company (LLC), or limited liability partnership (LLP) – complete section 6. *(no fee)*

### 1. Request a duplicate certificate of registration

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Enter your certificate of registration number.

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

**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.

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Full company name

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New assumed name or D/B/A (doing business as) name

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Address

City

State

ZIP

County

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Phone

Email (required)

### 3. Change your company physical or mailing address

- Indicate if this change is for your company's main location or a branch location.
- If the branch office location is new or changing cities, complete a certificate of registration application for the appropriate program.

**Note:** While a branch office will have a different physical address, its mailing address should be the same as listed on the company's certificate of registration.

Main Location

Branch Location

#### Previous business location – physical and mailing address

Previous physical address	City	State	ZIP	County
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Previous mailing address	City	State	ZIP	County
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#### New business location – physical (no P.O. box addresses) and mailing address

New physical address	City	State	ZIP	County
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New mailing address	City	State	ZIP	County
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### 4. Update your company's contact information

\_\_\_\_\_  
Name of contact person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email (required)

\_\_\_\_\_  
Website (optional)

## 5. Add or remove authorized signers

List the people that you authorize, on behalf of your company, to sign official documents submitted to State Fire Marshal's Office (SFMO). For example: Certificate of Registration Renewal Applications and Licensed Employee Termination Notice.

### Add first authorized signer

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Print name

Title

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Signature

Date

### Add second authorized signer

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Print name

Title

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Signature

Date

### Add third authorized signer

---

Print name

Title

---

Signature

Date

### Add fourth authorized signer

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Print name

Title

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Signature

Date

### Remove authorized signers

List any people who were previously authorized to sign official documents to the State Fire Marshal's Office, but who are no longer with your company.

Print name	Title	Effective date
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Print name	Title	Effective date
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Print name	Title	Effective date
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Print name	Title	Effective date
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### 6. Change in management or officers of the corporation, limited liability partnership (LLP), or limited liability company (LLC).

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
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Print name	Title	Effective date
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## 7. Certification (Signature required)

- 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.

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**Signature of authorized representative**

Date

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Print name

Title

**If a partnership, complete the section below.**

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Print name

Title

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Signature

Date

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Print name

Title

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Signature

Date

## 8. Payment

Pay by check or money order payable to the Texas Department of Insurance. Mail your completed application, any 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

**Email:** [FMLicensing@tdi.texas.gov](mailto:FMLicensing@tdi.texas.gov)

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto: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](mailto: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](mailto:FMLicensing@tdi.texas.gov). There may be a fee to update information held by SFMO.