



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

Non-Texas Resident Individual License Application Instruction Guide

Go to <https://www.sircon.com/index.jsp>

1. Select "Apply for a License."

COVID-19 regulations are changing all the time - here's what you need to know for each state. Updated daily.
[View Guide >>](#)

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Select

Complete. Connected. Compliant.

Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell.

Apply for a License Renew or Reinstatement a License Check Application / Renewal Status

Print a License Look up Courses or Transcript View a list of all services

Insurance is all about relationships, and compliance is no exception. Sircon connects all of the compliance stakeholders together so that everyone knows who is authorized to sell.

Tell us about yourself, and we'll help you find the best Sircon solution for you!

TELL US WHO YOU ARE:

For a non-Texas resident individual State Fire Marshal's Office license application, follow the instructions on the following screens.

2. Select "Other Licenses."

License Applications

i If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

You'll be able to select a license type on following screens



3. Select "Individual," and then <Continue>.

License Applications

i If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

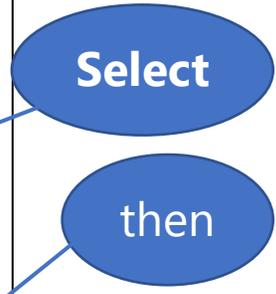
OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

You'll be able to select a license type on following screens

Are you an individual or a firm? Individual Firm

[Cancel](#) [Continue](#)



4. Enter your email address and then click <Continue>.

License Applications

Email Address: [Why do you need my email?](#)

then

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5. Select your "State of Residency" from the drop-down menu.

Individual License Application

State of Residency * Required [Which state should I choose?](#)

You have reached this page because you wish to apply for a license that does not require you to have an active resident license on the National Producer Database (PDB) or we were unable to validate your resident license credentials on the PDB. If you feel you have reached this page in error, please use the links below to apply for a resident license or apply for non-resident licenses using an active resident license.

Only select states have licenses available through this application workflow. After you select your state of residency you will be able to view the states and available licenses for you to apply for.

If you would like to apply for a Resident License [click here](#)

If you would like to apply for Non-Resident License using a Resident license that exists on the PDB [click here](#)

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Select your "State of Residency" from the drop-down menu.

6. Enter the *required* information for the “Individual License Application” section.

- Social Security Number (SSN)
- Confirm SSN
- Preparer – select either “Applicant” or “Authorized Submitter”

6a. In the “States” section select “Texas.”

Individual License Application

State of Residency *Required [Which state should I choose?](#)

SSN *Required

Confirm SSN *Required

Preparer Applicant Authorized Submitter *Required

You have reached this page because you wish to apply for a license that does not require you to have an active resident license on the National Producer Database (PDB) or we were unable to validate your resident license credentials on the PDB. If you feel you have reached this page in error, please use the links below to apply for a resident license or apply for non-resident licenses using an active resident license.

Only select states have licenses available through this application workflow. After you select your state of residency you will be able to view the states and available licenses for you to apply for.

If you would like to apply for a Resident License [click here](#)

If you would like to apply for Non-Resident License using a Resident license that exists on the PDB [click here](#)

States

Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.

Attention Texas adjuster applicants: To apply for a non-resident adjuster license in Texas with a designated home state please select 'Other Licenses' from the application home page.

Attention Alabama applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

Attention Hawaii individual applicants: Do not select 'Doing Business As' alias name type. It is not accepted by the state and application will be rejected if it is selected.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-278-EN with your application. This form is available on the state website at <http://www.oci.ga.gov/home.aspx>.

[Georgia](#)

[Minnesota](#)

[Texas](#)

[Wyoming](#)

[Idaho](#)

[Mississippi](#)

[Utah](#)

[Indiana](#)

[Nevada](#)

[Virginia](#)

Click on a state name to view the license types available for each submission method.

Enter the *required* information.
Select “Texas”.

7. Review the "Payment Method," and then click <Continue>.

Payment Method

Credit Card/Electronic Check Submission
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

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Verify payment method.

Click <Continue>.

8. Select the type of license you are applying for and answer either Yes or No to the question "Previously Licensed."

Individual Non-Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

License Information

Select State License Type	Previously licensed?
Texas General Lines includes 2 qualifications, LAH and P&C. If you select General Lines, SELECT THE PROPER QUALIFICATION. To apply for resident Adjuster license, attach Certificate of Completion from Adjuster precicensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification. To apply for an emergency adjuster general lines license, click Temporary General Lines ER Adj.	
<input type="checkbox"/> Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Adjuster - DHS Texas	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Escrow Officer	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> FM-Alarm Monitoring Technician	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> FM-Alarm Planning Supt.	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> FM-Fire Alarm Technician	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> FM-Res Alarm Superintendent	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> FM-Res Alarm Superintendent-SS	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select "License Type."

Answer "Previously Licensed" question.

9. View the state requirements and then click <Continue>.

<input type="checkbox"/> FM-Res Alarm Technician	<input checked="" type="radio"/> No
<input type="checkbox"/> Public Insurance Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Temporary General Lines ER Adj	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Trainee License	<input type="radio"/> Yes <input checked="" type="radio"/> No

[Click here to view state requirements](#)

Please note that the licenses listed above may not be all licenses available in the state. The licenses on this page are available for you to apply for without being validated on the National Producer Database.

If you would like to apply for non-resident licenses using a resident license that is active on the PDB [click here](#)
If you would like to apply for a resident license to obtain non-resident licenses not available through this application process [click here](#)

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View "state requirements"

Click <Continue>

10. Complete the *required* "Individual Information" section. The "Individual Alias Information" section is not required.

Individual Information

If applying for variable line of authority, the FINRA CRD number is required. Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as.

Social Security Number * Required

National Producer Number

First Name * Required

Middle Name

Last Name * Required

Suffix (Jr, Sr, etc.)

Birth Date MM-DD-YYYY * Required (mm-dd-yyyy)

Gender * Required

Citizen Country Code * Required

Business Email Address * Required

Applicant Email Address * Required

Business Web Address

FINRA CRD Identifier

Resident/DHS License Number

Complete the *required* "Individual Information" section.

Individual Alias Information

The information in this section is optional. If you elect to provide this information, please enter all required fields. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Add More Individual Alias Information

"Individual Alias Information" is not required.

11. Complete the following *required* sections and then click <Continue>.

- Business Fax Information section is optional.

Individual Residence Address	
<small>The Residential address must be the physical home address where the applicant resides. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.</small>	
Line One	<input type="text"/> * Required
Line Two	<input type="text"/>
Line Three	<input type="text"/>
City	<input type="text"/> * Required
State	<input type="text"/> * Required
Postal Code	<input type="text"/> * Required
Country	<input type="text"/> * Required
Individual Business Address	
<small>The Business address must be the physical business address at which business records of insurance transactions are maintained. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.</small>	
Line One	<input type="text"/> * Required
Line Two	<input type="text"/>
Line Three	<input type="text"/>
City	<input type="text"/> * Required
State	<input type="text"/>
Postal Code	<input type="text"/> * Required
Country	<input type="text"/> * Required
Individual Mailing Address	
<small>This must be your official permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Do not enter punctuation in any address field.</small>	
Line One	<input type="text"/> * Required
Line Two	<input type="text"/>
Line Three	<input type="text"/>
City	<input type="text"/> * Required
State	<input type="text"/>
Postal Code	<input type="text"/> * Required
Country	<input type="text"/> * Required
Residence Phone Information	
Phone Number	<input type="text"/> * Required
Business Phone Information	
<small>Daytime Phone Number</small>	
Phone Number	<input type="text"/> * Required
Extension	<input type="text"/>
Business Fax Information	
<small>The information in this section is optional. If you elect to provide this information, please enter all required fields.</small>	
Fax Number	<input type="text"/>
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Continue"/>	

Address and phone number information is *required*.

optional

Click <Continue>.

12. Complete the "Employment History Information" section. You must include information that covers the past five years of employment.

Individual Resident License Application

Employment History Information

Please enter information into the sections below (at least one is required).
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.
If providing current employment, please enter current month and year as the end date.

Current Employment

Beginning Date * Required (mm-yy)

Ending Date * Required (mm-yy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Current Employment

Beginning Date * Required (mm-yy)

Ending Date * Required (mm-yy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Current Employment

Beginning Date * Required (mm-yy)

Ending Date * Required (mm-yy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Current Employment

Beginning Date * Required (mm-yy)

Ending Date * Required (mm-yy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Complete the employment history information section. You must cover the past five years.

13. The "Affiliation Information" section is not required. Click <Continue>.

Affiliation Information

*The information in this section is optional.
If you elect to provide this information, please enter all required fields.*

Agency Name * Required
Agency EIN * Required
National Producer Number

Agency Name * Required
Agency EIN * Required
National Producer Number

Agency Name * Required
Agency EIN * Required
National Producer Number

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Affiliation information is not required.

Click <Continue>.

14. You must answer **all** questions. You will have an opportunity to attach any required documents to this application **after** you click <Submit>. The instructions to attach documents are on Page 19 of this guide.

Note: The questions may vary depending on the type of license for which you are applying.

Individual Resident License Application

Texas Fire Alarm License Questions

All questions are required unless otherwise specified

Please answer the following Texas Fire Alarm License Questions

Question 1

Application will be rejected without Fingerprint information, fees will not be refunded. Resident applicants must provide the information found on their Morpho Trust receipt in the comment field unless the applicant has an active Texas State Fire Marshall license and submitted fingerprints to TDI with another submission. Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

Are you claiming exemption from the requirement to submit a fingerprint receipt based on being an individual applicant with an active Texas State Fire Marshall license and have already submitted fingerprints to TDI with another license application?

No
 Yes

Question 1A

If Yes, please enter the following information

Texas State Fire Marshall License Number:

Question 1B

MorphoTrust USA Receipt TCN # or UE ID:

Question 1C

City Location:

Question 1D

Date listed on fingerprint receipt (must be in mm-dd-yyyy format):

Question 1E

Please attach the required document once you submit the application.

Fingerprint receipt will be attached to this application.

No
 Yes

Answer all questions.

You will be able to attach any required documents to this application **after** you submit it.

See Page 19 of this guide for instructions on how to attach documents to your application.

Continue to answer all questions.

Question 2

Do you qualify for Military processing?

If yes, attach DD214 supporting documentation.

- No
 Yes

Question 2A

Select how you qualify

- A. Military service member: A person who is currently serving in (1) the armed forces of the United States, (2) a reserve component of the armed forces, including the National Guard, or (3) a state military service of any state.
- B. Military spouse: A person who is married to a military service member who is currently on active duty.
- C. Military veteran: A person who has served in: (1) the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or (2) in an auxiliary service of one of those branches of the armed services.

Question 3

Have you completed the National Institute for Certification in Engineering Technologies (NICET) examination requirements for certification at Level II or Level III or hold a current Electronic Security Association (ESA) Level II or Level III certification for fire alarm systems?

If Yes to level II or III, attach a copy of your NICET or ESA documentation, once you submit the application.

- No
 Yes LVL II
 Yes LVLIII

Question 4

Are you a professional engineer registered in Texas?

If Yes, attach current proof of registration once you submit the application.

- No
 Yes

Question 5

Do you hold a current license issued by the Texas State Fire Marshal?

- No
 Yes

Question 5A

If Yes, print the license number(s) in the space below.

Answer all questions.

• Reminder •

You will be able to attach any required documents to this application **after** you submit it.

See Page 19 of this guide for instructions on how to attach documents to your

Continue to answer all questions.

Answer all questions.

Question 6

Have you ever held a license issued by the Texas State Fire Marshal that is not shown in Question 5?

- No
 Yes

Question 7

Have you ever had a permit or license denied, suspended, or revoked?

If Yes, give details on a separate sheet and attach once you submit the application.

- No
 Yes

Question 8

Excluding Traffic violations or First offense DWI:

Have you ever been convicted of a misdemeanor or a felony (including any deferred adjudication)?

If Yes, give details on the SF281 form and attach once you submit the application. (SF281) link in ASR document.

- No
 Yes

Question 9

Excluding Traffic violations or First offense DWI: Have you ever served any period of probation for any misdemeanor or felony offense in Texas, in any other state or by the federal government?

If Yes, give details on the SF281 form and attach once you submit the application. (SF281) link in ASR document.

- No
 Yes

Question 10

A completed Applicant's Employer information form (SF500), signed by the Employer, certifying the applicant is covered by general liability insurance by the Firm. Link to form: <https://www.tdi.texas.gov/forms/form18alarmindiv.html>

- No
 Yes

Question 11

Do you have a Driver's License?

- No
 Yes

Question 11A

If Yes, provide your Driver's license state and number. Example: TX, 11111111

• Reminder •

You will be able to attach any required documents to this application **after** you submit it.

See Page 19 of this guide for instructions on how to attach documents to your application.

Select
<Continue>

15. Read the "Attestation Information for State of Texas" section carefully. Mark the "I Agree" box, then click <Continue>.

Note: The "Applicant's Employer Information" form (SF500) is required.

Individual Resident License Application

Attestation Information for State of Texas: FM-Alarm Monitoring Technician

The Applicant must read the following very carefully:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

I hereby certify that upon request I will furnish the jurisdictions to which I am applying certified copies of any documents that will be attached, as a part of this application process or any items requested by the jurisdiction.

I will attach the **Applicant's Employer information form (SF500)** signed by the Employer, certifying the applicant is covered by general liability insurance by the Firm. Link to form: <https://www.tdi.texas.gov/forms/form18alarmindiv.html>

I will provide one of the following:
 An Active Texas State Fire Marshall license number in answer to Question 1,
 or
 my fingerprint receipt.

I Agree* *Required*

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Read the
Attestation
section
carefully.

Remember to
include the
Applicant's
Employer
Information form
SF500.

Mark the "I
Agree" box.

Click
<Continue>.

16. **Before you submit your application**, take the time to review the information listed for any issues.

Mark the boxes:

- To verify that you understand that fees are nonrefundable.
- If you want to receive notices about your license renewal, state insurance deadlines, license renewal notices, new electronic services, and related issues.
- Create an account with Sircon so you can track and manage your license credentials and continuing education (CE) requirements.

Enter your email address, click <Submit>.

Individual Non-Resident License Application

License Application Summary

Resident State
Last Name
[Review License Application](#)

Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Texas	FM-Fire Alarm Technician		\$120.00
State Fee Total			\$120.00
Sircon Service Fee			\$12.50

Fee Summary

Electronic Applications State Fee Total	\$120.00
Sircon Service Fee Total	\$12.50
Processing Fee Total	\$5.55
Total	\$138.05

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. [What's this?](#)

Sircon account email

Confirm your email to sign up

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Review your complete application.

Review the "Additional State Requirements" carefully, **before** you submit your application.

Enter your email address.

Click <Submit>.

Mark these boxes.

17. This is the "Additional State Requirements" document. Please read this section carefully and click <close> when you are finished.

Individual Resident License Application

License Application Additional State Requirements

Texas - FM-Fire Alarm Technician

- All Documents and information required by The Texas Insurance Code, Chapter 6002 and the Fire Alarm Rules, and the ORIGINAL SCORE REPORT RECEIVED FROM THE TEST ADMINISTRATOR SHOWING A PASSING SCORE FOR THE REQUIRED TESTS.
- You must attach the Applicant's Employer information form (SF500) certifying is covered by general liability insurance of the Firm show on the application. Link to the form: <https://www.tdi.texas.gov/forms/form18alamindiv.html>
- **Method of Submitting:** When your license application has been submitted electronically to the Texas Department of Insurance, print a copy of the license application form to retain for your own records; DO NOT send it to the state.
- All required attachments including documentation required in response to a "Yes" answer on a background question by attaching the completed (SF261) form. Follow all instructions provided on the form located: <https://www.tdi.texas.gov/forms/sfmfireindustry/sf261crimsupp.pdf> or other requirements should be submitted to the state as follows:
 - (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant will be offered the Attach Supporting Documents button (paperclip icon) in the Action column.
 - (2) Click the button to open the Attach Supporting Documents page.
 - (3) There you can browse for the electronic document on your computer system, provide a description to give context for the reviewer, and
 - (4) upload the document(s) to the license application.

If you do not have scan capability, fax all required documents to the number listed below or mail to:

Texas Department of Insurance
 State Fire Marshal's Office
 Mail Code 9999
 P.O. Box 149221
 Austin, TX 78714-9221
 Phone: (512) 676-6800
 Fax: (512) 490-1056

- **Verify that you have provided one of the following:**
 1. Active Texas State Fire Marshal license number OR
 2. Fingerprint receipt
- **Fingerprinting**
 The fingerprint requirement is authorized in Texas Insurance Code 801.056 and amended 28 TAC 1.501 and 1.503-1.509. The complete text of the rule may be accessed at www.tdi.texas.gov/rules/2006/1003e-059.html. The Texas Department of Insurance strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.
- **Electronic Fingerprinting**
 View the Electronic Fingerprinting instructions at the following location: www.tdi.texas.gov/fire/fingerprint-instructions-sfmo.html. (Fingerprints provided for an application will be used to check criminal history records of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), in accordance with applicable statutes).
- Verify you have entered the correct SSN and Date of Birth information on the application.
- All applicants will undergo a criminal history background check before receiving a license from the Texas Department of Insurance.
- If you are not a citizen of the United States, you must provide proof of eligibility to work in the U.S. by submitting a copy of your Employment Authorization Card.
- Verify the background questions were answered correctly before you submit the application.
- Verify the License type/Qualification listed on the payment page is the desired License Type/Qualification.
- **To ensure proper processing of application, please note the following:**
 - Enter all data for the application in CAPS only.
 - Do not enter a P.O. Box address in the Business address field.
 - Do not enter punctuation in any address field.
- To check on the status of your application, please use the following steps:
 - In your web browser, go to www.sircon.com/Texas.
 - Click on the "Check License Application Status" link in the left hand column
 - Enter your confirmation ID number, SSN and Producer Type
 - Click the Submit button

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Please read over this information carefully.

Once you have read this document, click <Close This Window>.

18. Attach Supporting Documents.

Below is an example of the screen that you will see after you submit your application(s).

This section provides you the opportunity to attach any required documents to your submitted application(s).

Step 1: Click on <Choose File> and locate the document you want to attach and click <OK>.

Step 2: Include a brief description of the document. (Example: NICET level 3 certification).

Step 3: Click <Attach>.

Repeat the above 3 steps until you have attached all your documents.

Step 4: Click <Submit>.

The screenshot shows a web interface titled "Attach Supporting Documents". It features a "License Applications" section with a table of existing applications. Below this is an "Attachments" section with instructions and a form to add new documents. The form includes a "Select a Document" dropdown with a "Choose File" button, a "Document Description" text field, and an "Attach" button. At the bottom are "Cancel" and "Submit" buttons. A footer contains navigation links and copyright information.

Attach Supporting Documents

License Applications
You may attach files to the license applications below.

State	License Number	License Type	Date Submitted	Status
TX		FM-Fire Alarm Instructor	05-11-2020	Submitted

Attachments

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

Select a Document: Choose File (No file chosen) | Document Description: [Text Field]

[Attach]

Frequently Asked Questions

- How do I know what documents to attach for each state?
- What if I don't have the documentation right now, or I don't have an electronic copy?
- Why can't I attach documents to other license applications?
- Are my documents secure when I attach them?
- What if I do not see my license listed above?

[Cancel] [Submit]

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Attach all of the necessary documents for the license applications listed.

Step 1: Click <Choose File>

Step 2: Add a brief description of the document.

Step 3: Click <Attach>

Step 4: Click <Submit>.

Your application will be sent for processing.