



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

Applicant's Employer Information

Use this form to:

- Provide information about an SFMO applicant's employer.
• Certify that the applicant is covered by the employer's general liability insurance.
• Certify that the applicant, upon receipt of a license, is designated to represent the employer.

You must print, sign, scan, and attach this form with your electronic application.

SFMO license applicant

Name _____
First Middle Last Suffix

Applicant's employer information

Name of employer _____ Phone _____

Certificate of registration number (or "new application pending") _____

Date of hire _____ County _____

Employer address

Street _____ City _____ State _____ Zip _____

- I certify that this applicant will be an employee of this firm, covered by the firm's general liability insurance policy, and, upon receipt of a license, is designated to represent this company, subject to the Texas Insurance Code and SFMO rules.
• I verify that the information provided on this application and attachments are true.
• I understand that knowingly providing false information may be tampering with a government record, which is punishable under the Section 37.10 of the Texas Penal Code.

Sign here:

Signature of authorized representative of the company

Date

Printed name

Title

Email



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Questions?

For more information: (1) review <https://www.tdi.texas.gov/fire/fmli.html> or (2) email us at FMLicensing@tdi.texas.gov or (3) or call 512-676-6800, option 51.

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.