



TEXAS DEPARTMENT OF INSURANCE

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

**Revision/Transfer Application for Individuals
 For All Types of Fire Sprinkler Licenses**

This form should be completed for RMEs who are requesting a license under another or different registered firm, who are changing employment status at their current firm, who wish to change their home and/or mailing address, or to request another copy of their license. Any fraudulent representation on this form shall be cause for denial, suspension, or revocation of a license. All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

TYPE OF CHANGE (573-04)

<p>\$35.00</p> <p>This fee only needs to be submitted once, no matter how many transactions are checked on this form</p>	<input type="checkbox"/>	Transfer from one firm to another. <i>State name of company transferring from:</i> _____
	<input type="checkbox"/>	Additional license under another firm.
	<input type="checkbox"/>	Request a duplicate copy of license.
	<input type="checkbox"/>	Change of home and/or mailing address
NO FEE REQUIRED FOR THIS ITEM	<input type="checkbox"/>	Change in full-time/part-time employment status.

TO BE COMPLETED BY RESPONSIBLE MANAGING EMPLOYEE (RME)

LAST NAME		FIRST NAME AND MIDDLE NAME			HOME AREA CODE AND TELEPHONE	
HOME ADDRESS		CITY	STATE	ZIP CODE	COUNTY	
MAILING ADDRESS		CITY	STATE	ZIP CODE	LICENSE NUMBER RME-	
SOCIAL SECURITY NUMBER	(Disclosure of Social Security Number is required by the Texas Family Code §231.302 and will be used pursuant to that code.)					
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES (optional)		EFFECTIVE DATE OF CHANGE	If you are a professional engineer registered in Texas, attach current proof of registration			
I will be a <input type="checkbox"/> full-time employee <input type="checkbox"/> part-time employee of the firm named below, working _____ hours per week.						
SIGNATURE OF INDIVIDUAL LICENSEE				DATE		

TO BE COMPLETED BY EMPLOYER (not required if address change only)

I certify that this applicant will be a full-time or part-time employee, covered by the general liability insurance policy of the firm shown on this application and will represent this firm upon licensing, subject to Chapter 6003 of the Texas Insurance Code and the Fire Sprinkler Rules. We know of no reason why the applicant should be denied a license. By my signature, I verify that the information on this application and any attachments is 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.

NAME OF REGISTERED FIRM	FIRE SPRINKLER CERTIFICATE OF REGISTRATION NO. SCR-
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF FIRM	DATE
PRINTED NAME	TITLE

Check or money order for the renewal fee should be made payable to the TEXAS DEPARTMENT OF INSURANCE and mailed with this complete application and current valid documents to:

**STATE FIRE MARSHAL'S OFFICE, MAIL CODE 9999, P O BOX 149221, AUSTIN, TX 78714-9221
 (512) 676-6809 • (512) 490-1056 fax • www.tdi.texas.gov/fire**

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.