



# State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF025 | 0423

## Fire Extinguisher Certificate of Registration Application

### Instructions

- Print or type your information.
- An application is considered complete only if:
  - You have submitted an [SF026](#) or [SF028](#) application and the required fees for each employee listed in Section 6.
  - You have submitted all required documents listed in the table on Page 6.
  - You have included the correct fee with the application.
- You must submit a separate application and fee for each branch office other than the main location listed on your certificate of registration.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send one payment to cover fees. Payments for various applications must be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your certificate of registration if you misrepresent or knowingly give wrong information on this application.

### 1. Company information

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Name of company (assumed name or DBA)

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IRS Tax ID / Employer's identification number (EIN)

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Texas Secretary of State filing number (For corporations, limited liability companies, and limited partnerships.)

**► Type of certificate of registration (mark only one)** **Fee** (TDI code 571)

Extinguisher Certificate of Registration (ECR) \$450

Extinguisher Branch Office Certificate of Registration \$100

**ECR-**

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Current extinguisher certificate of registration number

Type C Hydrostatic Testing Registration (HCR) \$250

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Company physical address (no P.O. box)

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City

State

ZIP

County

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Company mailing address (must be the same for a company's certificate of registration and all branch offices)

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City

State

ZIP

County

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Phone

Fax

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Email (required)

Website (optional)

## 2. Previous history

Has your company or any company owner or officer ever been investigated by a regulatory agency for a violation in the conduct of a business? If **yes**, give details on a separate sheet and attach it to this application.

Yes  No

## 3. Ownership of company

Indicate the company type and provide the requested information.

**Sole proprietorship**

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Name of individual owner

**General partnership**

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Names of individual partners

**Limited liability partnership (LLP) or limited partnership (LP)**

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Full legal name of partnership

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Full legal name of general partner

**Corporation**

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Full legal name of corporation

**Limited liability company (LLC)**

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Full legal name of LLC

**School district**

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Name of district

#### 4. Small business information

Small-business requirements can be found in [Government Code, Section 2006.002](#). If you are a school district, please skip this section and continue to Section 5.

a. Does your company have fewer than 100 employees?

Yes  No

b. If **yes**, does your company have fewer than 20 employees?

Yes  No

c. Is your company independently owned and operated? (Answer **no** if your company is a subsidiary, subject to control by another entity, or is publicly traded.)

Yes  No

d. Does your company regularly generate less than \$6 million in annual gross revenue?

Yes  No

#### 5. Employee information

A registered company must employ at least one licensed person who shall be properly equipped to perform the act or acts authorized by its certificate.

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Name

License number (indicate if license is pending)

#### 6. Additional employees

List all additional employees currently holding or attempting to obtain a Texas fire extinguisher license.

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Name

License number (indicate if license is pending)

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Name

License number (indicate if license is pending)

**Note:** The insurance policy for a registered company must provide coverage for the activities performed by a person who is designated as an agent of the company.

## 7. Authorized signatures

The people listed below are authorized by your company to sign State Fire Marshal’s Office (SFMO) licensing documents, including renewal applications, transfer applications, termination notices, and new individual applications. **If these people change, submit form [SF227](#) to SFMO within 14 days.**

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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
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## 8. Certification

- 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 Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I am familiar with and will comply with Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- 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 a governmental record which is punishable under the Texas Penal Code, Section 37.10.

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Print name	Title
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Signature	Date
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### ► Important

Depending on the type of company, applications must be signed by:

- An officer of a corporation.
- The sole proprietor.

- By each partner of a general partnership.
- The general partner of a limited liability partnership.
- By an officer or member of a limited liability company.
- Superintendent of the school district.

► **If it's 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
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## 9. Payment

Pay by check or money order payable to the Texas Department of Insurance. Mail your completed application, additional documents, and payment to the following mailing address:

State Fire Marshal's Office  
P.O. Box 12107  
Austin, Texas 78711-2107

## 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 12030 (mail code GC-ORO) Austin, Texas 78711-2030. 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 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall'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.

## Additional documentation and information required\*

If you are a <b>Texas or foreign corporation</b> submit the following:	If you are a <b>Sole proprietorship or general partnership</b> submit the following:	If you are a <b>Texas or foreign limited partnership</b> submit the following:	If you are a <b>Texas or foreign limited liability company</b> submit the following:	If you are a <b>School District</b> submit the following:
<a href="#">Certificate of General Liability Insurance</a>	<a href="#">Certificate of General Liability Insurance</a>	<a href="#">Certificate of General Liability Insurance</a>	<a href="#">Certificate of General Liability Insurance</a>	<a href="#">Certificate of General Liability Insurance</a>
Corporate charter, Certificate of Existence, or Certificate of Authority issued by the <b>Texas Secretary of State</b>	N/A	Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership issued by the <b>Texas Secretary of State</b>	Certificate of Organization, or Certificate of Authority issued by the <b>Texas Secretary of State</b>	N/A
Franchise tax account status must be active with the <b>Texas Comptroller of Public Accounts</b>	N/A	Franchise tax account status must be active with the <b>Texas Comptroller of Public Accounts</b>	Franchise tax account status must be active with the <b>Texas Comptroller of Public Accounts</b>	N/A
Assumed Name Certificate from the <b>Texas Secretary of State</b> (if using a DBA)	Assumed Name Certificate from your <b>County clerk</b> (if using a DBA)	Assumed Name Certificate from the <b>Texas Secretary of State</b> (if using a DBA)	Assumed Name Certificate from the <b>Texas Secretary of State</b> (if using a DBA)	N/A
Current <b>U.S. Department of Transportation (DOT)</b> letter ( <i>only for hydrostatic testing company</i> )	Current <b>U.S. Department of Transportation (DOT)</b> letter ( <i>only for hydrostatic testing company</i> )	Current <b>U.S. Department of Transportation (DOT)</b> letter ( <i>only for hydrostatic testing company</i> )	Current <b>U.S. Department of Transportation (DOT)</b> letter ( <i>only for hydrostatic testing company</i> )	N/A
Revision/Transfer Application ( <a href="#">SF028</a> ) or License Application for Individuals ( <a href="#">SF026</a> ) and fee	Revision/Transfer Application ( <a href="#">SF028</a> ) or License Application for Individuals ( <a href="#">SF026</a> ) and fee	Revision/Transfer Application ( <a href="#">SF028</a> ) or License Application for Individuals ( <a href="#">SF026</a> ) and fee	Revision/Transfer Application ( <a href="#">SF028</a> ) or License Application for Individuals ( <a href="#">SF026</a> ) and fee	Revision/Transfer Application ( <a href="#">SF028</a> ) or License Application for Individuals ( <a href="#">SF026</a> ) and fee

\*Per Chapter 6001 of the Texas Insurance Code and Section 34.500 of the Texas Administrative Code, Title 28, the Fire Extinguisher Rules.

## Resources

- Texas Comptroller 1-800-252-1386 | [comptroller.texas.gov](http://comptroller.texas.gov)
- Texas Secretary of State [www.sos.state.tx.us](http://www.sos.state.tx.us)
- U.S. Department of Transportation <https://www.transportation.gov>