LICENSE APPLICATION FOR INDIVIDUALS FOR
ALL TYPES OF FIRE ALARM LICENSES

This application must be accompanied by all documents and information required by Chapter 6002 of the Texas Insurance Code and the Fire Alarm Rules, AND THE ORIGINAL SCORE REPORT RECEIVED FROM THE TEST ADMINISTRATOR SHOWING A PASSING SCORE FOR THE REQUIRED TESTS. Please note that test scores are valid for one year from the date the test was taken.

Complete answers must be given to all questions. Please print or type.

Any fraudulent representation on this application may 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.

DO NOT SUBMIT THIS APPLICATION UNTIL ALL TEST REQUIREMENTS HAVE BEEN MET.

LICENSE

CHECK ONLY ONE TYPE OF LICENSE LICENSE FEE CODE

☐ Fire Alarm Technician (FAL) $120 572-03
☐ Fire Alarm Monitoring Technician (AMT) $120 572-07
☐ Residential Fire Alarm Superintendent-Single Station (RAS-SS) $120 572-08
☐ Residential Fire Alarm Superintendent (RAS) $120 572-09
☐ Residential Fire Alarm Technician (RAL) $50 572-11
☐ Fire Alarm Planning Superintendent (APS) $120 572-04

APPLICANT

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 SOCIAL SECURITY NUMBER

E-MAIL ADDRESS FOR NOTIFICATION PURPOSES (optional)

DRIVER’S LICENSE NUMBER AND STATE

WEIGHT HEIGHT SEX COLOR OF HAIR COLOR OF EYES DATE OF BIRTH

APPLICANT’S EMPLOYER

NAME OF FIRM AREA CODE AND TELEPHONE

FIRE ALARM CERTIFICATE OF REGISTRATION NUMBER (OR "NEW APPLICATION PENDING")

ACR-

DATE OF HIRE COUNTY

ADDRESS OF FIRM CITY STATE ZIP CODE

QUESTIONS

1 Have you completed 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, attach a copy of NICET’s notification letter confirming successful completion.

YES Level II YES Level III NO

☐ ☐ ☐

2 Are you a professional engineer registered in Texas? If yes, attach current proof of registration.

YES NO

☐ ☐

3 Do you hold a current license issued by the Texas State Fire Marshal? If yes, print license number(s) here.

YES NO

☐ ☐
### QUESTIONS (cont)

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<td>4</td>
<td>Have you ever held a license issued by the Texas State Fire Marshal that is not shown in question 3?</td>
<td>YES</td>
<td>NO</td>
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<td>5</td>
<td>Have you ever had a permit or license denied, suspended, or revoked?</td>
<td>YES</td>
<td>NO</td>
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<td>6</td>
<td>Have you ever been convicted of a misdemeanor or a felony (including any deferred adjudication)?</td>
<td>YES</td>
<td>NO</td>
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#### Federal Bureau of Investigation (FBI) BACKGROUND PROCESS

An FBI Background is required through IdentoGO and requires a unique service code that will be needed when scheduling for submission of your electronic fingerprints.

Email tessie.rodriguez@tdi.texas.gov with the following information in order to obtain the service code and procedures:

- First Name, Last Name, current mailing address and the type of license you will be applying for.

#### SIGNATURES

In applying for a fire alarm license, I certify that I will comply with Chapter 6002 of the Texas Insurance Code and the Fire Alarm Rules. By my signature, I verify that the information on the application and its attachments are 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.

**Signature of Individual Applicant**

**Date**

I certify that this applicant will be an employee □ or agent □ of the firm, covered by the general liability insurance policy of the firm shown on this application and upon receipt of a license is designated to represent this firm, subject to Chapter 6002 of the Texas Insurance Code and the Fire Alarm 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 its attachments are 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.

**Signature of Authorized Representative of Firm**

**Date**

**Printed Name**

**Title**

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with appropriate fee and any additional documents to:

**Mailing Address:**

State Fire Marshal’s Office

Mail Code 9999

P. O. Box 149221

Austin, TX 78714-9221

Email: tessie.rodriguez@tdi.texas.gov

**Physical Address:**

State Fire Marshal’s Office

333 Guadalupe

Austin, TX 78701

Telephone No. (512) 676-6812

Fax No. (512) 490-1056

**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.