

Individual Application for All Types of Fire Sprinkler Licenses

- Please print or type your answers.
- Include all required test and certification documents as indicated on the Fire Sprinkler License and Test Information Guide [SF040](#). These requirements are in Chapter 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler Rules.
- Do not submit your application until you have met all test requirements. Test scores are valid for one year from the date the test was taken.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send only one payment to cover all fees. Fee payments for various applications need to be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your license if you misrepresent or knowingly give wrong information on this application.

1. Applicant information (Use your full name as it appears on your driver's license.)

First name	Middle name	Last name	Suffix	
Date of birth (mm/dd/yyyy)		*Social Security number		
Home address (no P.O. box)	City	State	ZIP	County
Mailing address	City	State	ZIP	County
Email (required)				

 Phone (required)

Driver's license number and state

*The disclosure of your Social Security number is required by the Texas Family Code, Section 231.302 and will be used pursuant to that code.

- **Type of license application** (Mark only one) **Fee** (TDI code 573)
- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Responsible Managing Employee – General (RME-G) | \$200 |
| <input type="checkbox"/> | Responsible Managing Employee – Dwelling (RME-D) | \$150 |
| <input type="checkbox"/> | Responsible Managing Employee – Underground (RME-U) | \$150 |
| <input type="checkbox"/> | Responsible Managing Employee – General Inspector (RME-I) | \$50 |

2. Employer information

Company name	Phone	Date of hire (mm/dd/yyyy)
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Address	City	State	ZIP	County
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SCR-

 Sprinkler certificate of registration number (Use "pending" if this is a new company application)

- Will this applicant be the company's designated full-time employee?
 Yes No

Note: The designated full-time employee cannot be an RME-I applicant.

3. Questions

- Have you completed the [National Institute for Certification in Engineering Technologies \(NICET\)](#) examination requirements for certification at Level II or Level III for Water-Based Systems layout? Yes No
 If **yes**, include a copy of the NICET documents with your application.
- Have you completed the [National Institute for Certification in Engineering Technologies \(NICET\)](#) examination requirements for certification at Level II for Inspection and Testing of Water-Based Systems layout? Yes No
 If **yes**, include a copy of the NICET documents with your application.

3. Are you a professional engineer registered in Texas? Yes No
If **yes**, include a copy of your registration with this application.
4. Do you hold a current license or permit issued by the Texas State Fire Marshal?
 Yes No
If **yes**, enter your license number: _____
5. Have you ever held a license or permit issued by the Texas State Fire Marshal that is not shown in question 4? Yes No
6. Have you ever had a license or permit denied, suspended, or revoked?
 Yes No
If **yes**, please provide details on a separate page.
7. Excluding traffic violations and first-offense DWI:
- a. Have you ever been convicted of a misdemeanor or felony offense in Texas, in any other state, or by the federal government? Yes No
- b. Have you ever had adjudication deferred on a misdemeanor or felony charge or offense in Texas, in any other state, or by the federal government?
 Yes No
- c. Have you ever served probation for a misdemeanor or felony offense in Texas, in any other state, or by the federal government? Yes No

If you answered yes to questions 7a, 7b, or 7c, you must submit a supplemental criminal history information form [SF261](#) for each occurrence.

► Fingerprints

All first-time applicants must have their fingerprints taken by IdentoGo. For information and instructions, go to: <http://www.tdi.texas.gov/fire/fingerprint-instructions-sfmo.html>

4. Certification

Applicant

- I am familiar with and will comply with the requirements in Chapter 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler 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 with a governmental record, which is punishable under the Texas Penal Code, Section 37.10.

Applicant signature

Date

Print name

Employer

- I certify that this applicant will be an employee of this company and will be covered by the general liability insurance policy of the company. Upon receiving a license, the applicant will be designated to represent this company, subject to Chapter 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler Rules.
- I know of no reason why this applicant should be denied a license.
- 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 with a governmental record, which is punishable under Texas Penal Code, Section 37.10.

Signature of authorizing representative

Date

Print name

Title

5. Payment

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

Mailing address

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

Street address

State Fire Marshal's Office
333 Guadalupe St.
Austin, Texas 78701

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 12030 (mail code 112-1C) 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 or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code 113-1C), Austin, Texas 78711-2030. 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.