



State Fire Marshal's Office

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

SF037 | 0423

Fire Sprinkler Certificate of Registration Application

Instructions

- Print or type your information.
- An application is considered complete only if:
 - You have submitted an [SF036](#) or [SF038](#) application and the required fees for each employee listed in Section 6.
 - You have submitted all required documents listed in the table on Page 7.
 - You have included the correct fee with the application.
- 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

Name of company (assumed name or DBA)

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

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

► Type of certificate of registration (check only one)	Fee (TDI code 573)
<input type="checkbox"/> Sprinkler Certificate of Registration – General (SCR-G)	\$950
<input type="checkbox"/> Sprinkler Certificate of Registration – Dwelling (SCR-D)	\$350
<input type="checkbox"/> Sprinkler Certificate of Registration – Underground (SCR-U)	\$350

Note: All SCR license fees include a \$50 application fee.

Company physical address (no P.O. box)

City	State	ZIP	County
------	-------	-----	--------

Company mailing address

City

State

ZIP

County

Phone

Fax

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

Name of individual owner

General partnership

Name of individual partners

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

Full legal name of partnership

Full legal name of general partner

Corporation

Full legal name of corporation

Limited liability company (LLC)

Full legal name of LLC

4. Small business information

Small-business requirements can be found in [Government Code, Section 2006.002](#).

- 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

Provide the name of the designated licensed full-time employee at the business address listed in Section 1. If your company does not currently have a licensed employee, list a person whose license is pending based on this application.

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

Name License number (indicate if license is pending)

► **If the designated licensed full-time employee changes, contact SFMO within 14 days.**

6. Additional employees

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

Name License number (indicate if license is pending)

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. Business locations

- Each fire protection sprinkler system contractor must employ at least one full-time licensed responsible managing employee – general (RME-G) at each business office where planning is performed.
- List the address for all additional business offices where planning is performed and the name of the full-time responsible managing employee-general (RME-G) for each location.
- List additional locations on a separate page.

Address

City

State

ZIP

County

Name of RME-G

License number

Address

City

State

ZIP

County

Name of RME-G

License number

8. 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 the [SF227 - Company Information Update form](#) to SFMO within 14 days.**

Print name

Title

Signature

Date

Print name

Title

Signature

Date

9. 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 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler Rules.
- I am familiar with and will comply with 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.

Print name	Title
------------	-------

Signature	Date
-----------	------

► **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.

► **If it's a partnership, complete the section below.**

Print name	Title
------------	-------

Signature	Date
-----------	------

Print name	Title
------------	-------

Signature	Date
-----------	------

10. 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 or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. 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 or by mail to: Record Correction Request, Texas Department of Insurance, P.O. 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. There may be a fee to update information held by SFMO.

Additional documents and information required*

If you are a Texas or foreign corporation submit the following:	If you are a Sole proprietorship or general partnership submit the following:	If you are a Texas or foreign limited partnership submit the following:	If you are a Texas or foreign limited liability company submit the following:
Certificate of General Liability Insurance	Certificate of General Liability Insurance	Certificate of General Liability Insurance	Certificate of General Liability Insurance
Corporate charter, Certificate of Existence, or Certificate of Authority issued by the Texas Secretary of State	N/A	Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership issued by the Texas Secretary of State	Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State
Franchise tax account status must be active with the Texas Comptroller of Public Accounts	N/A	Franchise tax account status must be active with the Texas Comptroller of Public Accounts	Franchise tax account status must be active with the Texas Comptroller of Public Accounts
Assumed Name Certificate from the Texas Secretary of State (if using a DBA)	Assumed Name Certificate from your County clerk (if using a DBA)	Assumed Name Certificate from the Texas Secretary of State (if using a DBA)	Assumed Name Certificate from the Texas Secretary of State (if using a DBA)
Revision / Transfer Application (SF038) or License Application for Individuals (SF036) and fee	Revision / Transfer Application (SF038) or License Application for Individuals (SF036) and fee	Revision / Transfer Application (SF038) or License Application for Individuals (SF036) and fee	Revision / Transfer Application (SF038) or License Application for Individuals (SF036) and fee

* Per Chapter 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler Rules.

Resources

- Texas Comptroller 1-800-252-1386 | comptroller.texas.gov
- Texas Secretary of State www.sos.state.tx.us