



# State Fire Marshal's Office

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

SF227 | 0622

## Company Information Update Form

### Information

- ▶ **Fee** for any changes to sections 1, 2, and 3.
  - **Change your company's physical and/or mailing address:** Complete sections 1 and 6.
  - **Change your branch office physical location address:** Complete section 1, 2, and 6.
  - **Add a D/B/A (doing business as) name:** Complete sections 1, 3, and 6.
- ▶ **No fee** for any changes to sections 4 and 5.
  - **Add or remove authorized signers:** Complete sections 1, 4, and 6.
  - **Update the management or officers of a corporation, limited liability company (LLC), or limited liability partnership (LLP):** Complete sections 1, 5, and 6.

### Instructions

- Print or type your information.
- Any changes indicated on this form will be made for all certificate of registration numbers indicated below.
- 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 license if you misrepresent or knowingly give wrong information on this application.

### Registration Type

Mark all that apply and include registration numbers.

- ▶ \$20 fee (per registration) for any changes in sections 1, 2, and 3.

ACR \_\_\_\_\_

ECR \_\_\_\_\_

HCR \_\_\_\_\_

- ▶ \$35 fee for any changes in sections 1, 2, and 3.

SCR \_\_\_\_\_

## 1. Company Information (required)

Any changes made to your contact information on this application will be reflected on your SFMO record.

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Company name

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

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Physical address

---

City

State

ZIP

County

---

Mailing address

---

City

State

ZIP

County

---

Name of contact person

Title

---

Phone

Fax

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Email (required)

Website (optional)

▶  Check the box if you want a duplicate copy of your license.

## 2. Change your branch office physical location address

If the branch office location is new or changing cities, complete a certificate of registration application for the appropriate program.

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Physical address

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City

State

ZIP

County

---

Mailing address

---

City

State

ZIP

County

### 3. Add a D/B/A (doing business as) name

**Important:** You must include: (1) a copy of the assumed name certificate filed with the Texas Secretary of State office and (2) proof of insurance showing the D/B/A designation.

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Full company name

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New assumed name or D/B/A (doing business as) name

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Address

---

City

State

ZIP

County

---

Phone

Email (required)

### 4. Add or remove authorized signers

List the people that you authorize, on behalf of your company, to sign official documents submitted to State Fire Marshal's Office (SFMO). For example: Certificate of Registration Renewal Applications and Licensed Employee Termination Notice.

#### Add first authorized signer

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Print name

Title

---

Signature

Date

#### Add second authorized signer

---

Print name

Title

---

Signature

Date

#### Add third authorized signer

---

Print name

Title

---

Signature

Date

**Add fourth authorized signer**

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Print name	Title
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Signature	Date
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**Remove authorized signers**

List any people who were previously authorized to sign official documents to the State Fire Marshal’s Office, but who are no longer with your company.

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Print name	Title	Effective date
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Print name	Title	Effective date
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Print name	Title	Effective date
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Print name	Title	Effective date
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**5. Change in management or officers of the corporation, limited liability partnership (LLP), or limited liability company (LLC).**

Please list the new managers or officers and include the paperwork from the Texas Secretary of State’s office showing the change.

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Print name	Title	Effective date
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Print name	Title	Effective date
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**6. Certification (Signature required)**

- 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 the provisions of the applicable articles of the Texas Insurance Code and the rules adopted pursuant to those articles.
- I am familiar with and will comply with the applicable articles of the Texas Insurance Code.
- 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.

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<b>Signature of authorized representative</b>	Date
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Print name	Title
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► **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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**7. Payment**

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

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

- **If no payment is required for your selected transactions**, you may email your completed and signed documentation to [FMLicensing@tdi.texas.gov](mailto:FMLicensing@tdi.texas.gov)

**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.