



State Fire Marshal's Office

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

SF230 | 0622

Fireworks Company Information Update Form

Information

- ▶ **Fee: \$20** for any changes to sections 1 and 2.
 - **Change your company's physical and/or mailing address:** Complete sections 1 and 6.
 - **Request a copy of your fireworks license:** Complete sections 1 and 6.
 - **Add a D/B/A (doing business as) name:** Complete sections 1, 2, and 6.
- ▶ **No fee** for any changes to sections 3, 4, and 5.
 - **Add or remove authorized signers:** Complete sections 1, 3, and 6.
 - **Update the management or officers of a corporation, limited liability company (LLC), or limited liability partnership (LLP):** Complete sections 1, 4, and 6.
 - **Update or change fireworks storage information:** Complete sections 1, 5, and 6.

Instructions

- Print or type your information.
- Any changes indicated on this form will be made for all license or permit 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.

1. Company Information (required)

Note: any changes made to your contact information on this application will be reflected on your SFMO record.

Company name

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

Physical address

City	State	ZIP	County
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Mailing address

City	State	ZIP	County
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Name of contact person

Phone	Fax
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Email (required)	Website (optional)
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License number

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

2. 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.

Full company name

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

Address

City	State	ZIP	County
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Phone	Email (required)
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3. 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

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

Print name

Title

Signature

Date

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.

Print name

Title

Effective date

Print name

Title

Effective date

Print name

Title

Effective date

Print name

Title

Effective date

4. 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.

Print name	Title	Effective date
Print name	Title	Effective date

5. Update storage locations

List below all locations in Texas where you store fireworks 1.3G and 1.4G.

Indicate Classification Code 1.4G or 1.3G	Location – Address and City If no street address, please describe the exact location.	Estimated max. weight during the year		Are there 500 or more cases?
		Gross Weight	*Net weight	

* Net weight is the weight of all pyrotechnic and explosive compositions and fuse only.

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.

Signature of authorized representative _____ Date _____

Print name _____ Title _____

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

Print name

Title

Signature

Date

Print name

Title

Signature

Date

7. 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

► **If no payment is required for your selected transactions,** you may email your completed and signed documentation to FMLicensing@tdi.texas.gov

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.