



State Fire Marshal's Office

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

SF500 | 0923

Applicant's Employer Information

Instructions

- Print or type your information.
- Provide information about an SFMO applicant's employer.
- Certify that the applicant is covered by the employer's general liability insurance.
- Certify that the applicant, upon receipt of a license, is designated to represent the employer.
- You must print, sign, scan, and attach this form with your electronic application.

1. SFMO license applicant

First name	Middle name	Last name	Suffix
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▶ Will this applicant be a full-time employee? **For Alarm and Sprinkler companies only.**

Yes No

2. Applicant's employer information

Name of employer

Certificate of registration number (or "new company application pending")

Phone

Date of hire

Employer street address

City

State

ZIP

County

3. Certification

- I certify that this applicant will be an employee of this firm, covered by the firm’s general liability insurance policy, and, upon receipt of a license, is designated to represent this company, subject to the Texas Insurance Code and SFMO rules.
- I verify that the information provided on this application and attachments are true.
- I understand that knowingly providing false information may be tampering with a government record, which is punishable under the Section 37.10 of the Texas Penal Code.

Signature of authorized representative of the company

Date

Print name

Title

Email

Questions

For more information: (1) review the [Licensing information](#) or (2) email us at FMLicensing@tdi.texas.gov or (3) or call 512-676-6800, option 1.

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.