



# State Fire Marshal's Office

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

SF028 | 0523

## Application to Revise or Transfer All Types of Fire Extinguisher Licenses

### Instructions

Mark all that apply and pay only one fee, per company registration.

- Change your home and/or mailing address:** Complete sections 1 and 4.
- Request a duplicate copy of your license:** Complete sections 1 and 4.
- Transfer your license to a different registered company:** Complete all sections.
- Add your license to another registered company:** Complete sections 1, 3, 4, and 5.

### Information

- **Fee: \$20** (TDI code 571)
- For Type A and Type K licenses – complete Page 4.
- Print or type your information.
- 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. Licensee information (use your full name as it appears on your driver's license)

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

First name	Middle name	Last name	Suffix
Phone (required)		Effective date of change	
Email (required)			
SFMO license number		*Social Security number (required)	

**\*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.**

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Home address

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City

State

ZIP

County

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Mailing address

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City

State

ZIP

County

## 2. License transfer information

List each company name you are transferring your license from.

- ▶ If you want to remove your license from all the registered companies you are associated with, write "All."
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## 3. Registered company information – add or transfer license (select only one option)

Transfer to:

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Company name

**ECR-**

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Fire extinguisher certificate of registration number (if a new company application, indicate "pending")

Add license to:

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Company name

**ECR-**

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Fire extinguisher certificate of registration number (if a new company application, indicate "pending")

## 4. Applicant signature

I verify that all the information above is correct.

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Applicant signature

Date

## 5. Company authorization

- 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 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I am familiar with and will comply with Chapter 6001 of the Texas Insurance Code and Section 34.500 of Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- 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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Company authorized representative signature

Date

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Print name

Title

## 6. 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  
PO Box 12107  
Austin, Texas 78711-2107

## 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.

## Use for Type A and Type K license applications only

Complete the table below and submit with the completed application.

By signing below, you certify that this applicant is competent to install or service the following fixed systems, which my company is currently qualified to install or service.

Manufacturer / Brand name	System type

### 1. Applicant information

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First name                      Middle name                      Last name                      Suffix

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Company name

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Signature of authorized representative                      Date

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Print name                      Title