



# State Fire Marshal's Office

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

SF084 | 0822

## Fire Alarm Certificate of Registration Renewal Application

### Instructions

- Print or type your information.
- A renewal application is considered complete only if:
  - You have provided the State Fire Marshal's Office (SFMO) with all required documents. See Page 4.
  - You have an appropriately licensed employee on staff.
  - You have included the correct fee with the application.
- Make sure the addresses listed on the application are correct.
  - Include an additional \$20 fee for address changes.
- You must pay a late fee if:
  - You submit an incomplete application.
  - You don't provide the missing information by your certificate expiration date or within the 30-day notice period allowed by Fire Alarm rules.
  - Your renewal application is not postmarked on or before the date your current certificate expires.
- You will need to submit a new application if your registration is over two years past the expiration date. Complete the Fire Alarm Certificate of Registration Application ([SF031](#)).
- 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

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Name of company (assumed name or DBA)

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

Phone (required)

#### ACR-

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Alarm certificate of registration number

Expiration date

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Company physical address

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City

State

ZIP

County

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Company mailing address

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City

State

ZIP

County

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## 2. Questions

School districts can skip questions b through g.

- a. Has there been a change of owners or officers of your company in the last two years?  
If **yes**, complete the Company Information Update Form ([SF227](#)).  
 Yes  No
- b. Does your company currently have any registered branch office locations?  
If **yes**, complete the Company Branch Office Update Form ([SF054](#)).  
 Yes  No
- c. Has your company opened any new branch office locations in the last two years? (All new office branch locations are required to have a fire alarm certificate of registration application on file with the SFMO.) If **yes**, complete the Fire Alarm Certificate of Registration Application ([SF031](#)).  
 Yes  No
- d. Does the company provide monitoring services at the business physical address listed in Section 1? If **yes**, you must have a current UL Certificate on file with SFMO.  
 Yes  No
- e. Does your company have fewer than 100 employees?  
 Yes  No
- f. If **yes**, does your company have fewer than 20 employees?  
 Yes  No
- g. 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

h. Does your company regularly generate less than \$6 million in annual gross revenue?

Yes  No

i. Does your company bill or contract with the customer for the fire alarm monitoring done by another company?

Yes  No

If **yes**, list the fire alarm monitoring company's name, city, and Texas ACR number.

**ACR-**

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Name	City	Alarm certificate of registration number
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(If your monitoring status has changed, please include the [general liability insurance certificate](#) showing coverage for contract monitoring.)

j. Provide the name of the designated licensed full-time employee at the business address listed in Section 1. This employee cannot hold an RAL.

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Name	License number (indicate if license is pending)
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**Note:** If the individual is licensed but is not currently associated with your company, submit the Application to Review or Transfer All Types of Fire Alarms ([SF033](#)).

Companies with branch locations must complete the Company Branch Office Update Form ([SF054](#)).

### 3. Certification

- I authorize SFMO 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 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm Rules.
- I am familiar with and will comply with Chapter 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm Rules.

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Signature of authorized representative

Date

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Print name

Title

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Email (required)

## 4. 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

## Fees

Type of certificate of registration	Renewal fee	Late fee if late by 1 day to 90 days	Late fee is late by 91 days to 2 years
Alarm Certificate of Registration (ACR)	\$1,000 (2 years)	\$125	\$500
Alarm Branch Office Certificate of Registration	\$300 (2 years)	\$37.50	\$150
Alarm Certificate of Registration – Single Station (ACR-SS)	\$500 (2 years)	\$62.50	\$250

## Additional documents and information required

Per Chapter 6002 of the Texas Insurance Code and Section 34.600 of the Texas Administrative Code, Title 28, the Fire Alarm Rules.

- [General Liability Insurance Certificate](#)
- 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).

## Resources

- Texas Comptroller 1-800-252-1386 | [comptroller.texas.gov](http://comptroller.texas.gov)
- Texas Secretary of State [www.sos.state.tx.us](http://www.sos.state.tx.us)

## 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, 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](mailto: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](mailto:FMLicensing@tdi.texas.gov). There may be a fee to update information held by SFMO.