

## Individual License Renewal Application for All Types of Fire Extinguisher Licenses

#### Instructions

- Print or type your information.
- An additional \$20 fee is required for any of the following:
  - If you have an address change.
  - o If you are employed with a new company.
  - If you transferred to another company.
- To renew your license:
  - You must be an employee of a currently registered company.
  - Your renewal must be post-marked before your license expiration date.
  - Your renewal application must be complete.
- A late fee is required for renewal applications that are not postmarked by your current license's expiration date (see fee schedule on last page). A late fee is also required if you submit an incomplete application and do not provide the missing information by your license's expiration date or within the 30-day notice period allowed by the fire extinguisher rules.
- 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. Applicant information (Use your full name as it appears on your Texas State Fire Marshal's Office [SFMO] license.)

First name	Middle name	Last name	Suffix	
SFMO license number	Exp	iration date	Phone (required)	

	Home address (no P.O. box)						
	City	State	ZIP	County			
	Mailing address						
	City	State	ZIP	County			
•	Have you had any convictions since your last renewal or any convictions that you have not reported in the past?						
	Yes No						
If <b>yes</b> , you must submit supplemental criminal history information form <u>SF261</u> for e							
2.	Applicant signature Date						
	Type of license renewal application (Mark only one)			<b>Fee</b> (TDI code 571)			
	Portable Fire Extinguishers (FEL-B)			\$100			
	MO license number Expiration date						
	Fixed Fire Extinguisher Systems	; (FEL–A)		\$100			
	SFMO license number		Expiration date				
	Cooking Systems (FEL-K)			\$100			
	SFMO license number		Expiration date				
	Extinguisher System Planning (	EPL)		\$100			
	SFMO license number		Expiration date				

#### 3. Company certification

**Note:** Evidence of authorization to sign must be on file with the SFMO Licensing Administration section.

- I certify that this applicant is an employee covered by the general liability insurance policy of the company shown on this application. Upon receiving a license, the applicant is designated to represent this company subject to Chapter 6001 of the Texas Insurance Code and Section 34.500 of the Texas Administrative Code, Title 28, the Fire Extinguisher Rules.
- I know of no reason why the applicant should be denied a license.
- I verify that the information on this application and its attachments are true and correct.

Signature of authorized representative		Date	
Print name	Title		
		ECR-	
Company name		Extinguisher certificate of registration number	

#### 4. 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

#### Late fees

Type of license	Late by 1 day to 90 days	Late by 91 days to 2 years
Portable Fire Extinguishers (FEL-Type B)	\$35	\$70
Fixed Fire Extinguisher Systems (FEL-Type A)	\$35	\$70
Cooking Systems (FEL-Type K)	\$35	\$70
Extinguisher System Planning (EPL)	\$35	\$70

### Your rights

You can request information we have about you by emailing <u>OpenRecords@tdi.texas.gov</u> 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 <u>RecordCorrections@tdi.texas.gov</u> 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 <u>FMLicensing@tdi.texas.gov</u>. There may be a fee to update information held by SFMO.