



TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 ★ PO Box 149221, Austin, Texas 78714-9221
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

FIRE ALARM CERTIFICATE OF REGISTRATION APPLICATION

DIRECTIONS: This application must be accompanied by the appropriate fee and all documents and information required by the Texas Insurance Code, Chapter 6002, and the Fire Alarm Rules.

A separate branch office application and fee shall be submitted for each office location other than the initial (main) location identified on the certificate of registration.

Complete answers must be given to all questions.

Please print or type.

Any fraudulent representation on this application shall be cause for denial, suspension or revocation of a certificate of registration.

All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

| CERTIFICATE OF REGISTRATION | | | | * SINGLE STATION APPLICANT Please provide a letter stating that the firm will only engage in the business of planning, certifying, leasing, selling, servicing, monitoring or maintaining of single station devices which are not a part of or connected to any other detection device or system in single-family or two-family residences. |
|-----------------------------|--|-------------|--------|---|
| CHECK ONLY ONE | TYPE OF CERTIFICATE OF REGISTRATION | LICENSE FEE | CODE | |
| <input type="checkbox"/> | Certificate of Registration – Single Station * | \$250.00 | 572-10 | |
| <input type="checkbox"/> | Certificate of Registration | \$500.00 | 572-01 | |
| <input type="checkbox"/> | Branch Office Certificate of Registration | \$150.00 | 572-02 | |

| APPLICANT | | | |
|--|---------------|------------------------------------|----------|
| ASSUMED NAME OR d/b/a NAME <i>(doing business as)</i> | | | |
| PHYSICAL BUSINESS LOCATION <i>(no post office boxes)</i> | | | |
| CITY | | STATE | ZIP CODE |
| COUNTY | TELEPHONE NO. | FAX NO. | |
| E-MAIL ADDRESS FOR NOTIFICATION PURPOSES <i>(optional)</i> | | WEB SITE ADDRESS <i>(optional)</i> | |
| MAILING ADDRESS <i>(The mailing address must be the same for a firm's certificate of registration and all branch offices.)</i> | | | |
| CITY | | STATE | ZIP CODE |

| QUESTIONS | | |
|---|---------------------------------|--------------------------------|
| Does your firm do fire alarm monitoring from your own central station? If "yes", please provide a copy of current U. L. Certificate of Compliance and complete the last page of the application. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Does your firm bill or contract with the customer for fire alarm monitoring done by another firm? If "yes", list the fire alarm monitoring firm name, city and TX ACR number | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| PREVIOUS HISTORY | | |
|--|---------------------------------|--------------------------------|
| Has the firm or any owner or officer of the firm ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business? If "yes", give details on a separate sheet and attach it to this application. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| OWNERSHIP OF FIRM | | Check and complete the section below that applies to your company |
|--|--|---|
| <input type="checkbox"/> Sole proprietorship | Name of Individual Owner: | |
| <input type="checkbox"/> General Partnership | Names of Individual Partners: | |
| <input type="checkbox"/> Limited Liability Partnership (LLP) or Limited Partnership (LP) | Full Legal Name of Partnership: | |
| | Full Legal Name of General Partner: | |
| <input type="checkbox"/> Corporation | Full Legal Name of Corporation: | |
| <input type="checkbox"/> Limited Liability Co (LLC) | Full Legal Name of Limited Liability Co: | |

| IDENTIFICATION NUMBERS |
|--|
| Federal employer's identification (FEI) number |
| Filing number assigned by Texas Secretary of State (for Corporations, Limited Liability Companies, and Limited Partnerships) |

| SMALL BUSINESS INFORMATION <i>(to determine the quantity of small businesses as required by Government Code, Chapter 2006, Sec. 2006.002)</i> | |
|---|--|
| The firm regularly has fewer than 100 employees. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm regularly has fewer than 20 employees. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm is independently owned and operated. <i>(i.e. not a subsidiary or subject to control by another entity or not publicly traded)</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The firm regularly generates less than \$6 million in annual gross receipts. | YES <input type="checkbox"/> NO <input type="checkbox"/> |

| EMPLOYEES OR AGENTS <i>(A registered firm shall retain at least one licensed person who shall be properly equipped to perform the act or acts authorized by its certificate)</i> | |
|---|--|
| Provide the name of the <u>designated</u> FULL-TIME licensed employee that will be employed at the physical business location listed on the first page of this application. If the firm does not currently employ a licensed individual, list one whose license is pending based on this application. <i>(A registered firm must employ at least one full-time licensed individual at each location.)</i> | |
| NAME | LICENSE NUMBER |
| List all additional employees or agents currently holding or attempting to obtain a Texas fire alarm license. | |
| NAME | <input type="checkbox"/> *Agent or <input type="checkbox"/> Employee |
| LICENSE NUMBER | |
| NAME | <input type="checkbox"/> *Agent or <input type="checkbox"/> Employee |
| LICENSE NUMBER | |

* The insurance policy for a registered firm must provide coverage for the activities performed by an individual who is designated as an agent of the firm.

| ADDITIONAL AUTHORIZED SIGNATURES | | | |
|--|-----------|-------|------|
| List all persons that you authorize, on behalf of your firm, to sign official documents submitted to this office. <i>(Examples: change of firm's business or mailing address, change of corporate officers, employment or termination of licensees.)</i> | | | |
| PRINTED NAME | SIGNATURE | TITLE | DATE |
| PRINTED NAME | SIGNATURE | TITLE | DATE |

| CERTIFICATION | | | |
|--|-----------|-------|------|
| <p>I hereby authorize the State Fire Marshal or his representative to enter, examine and inspect any premises, building, room or establishment used by my firm while engaged in the business to determine compliance with the provisions of the Texas Insurance Code, Chapter 6002, and the Fire Alarm Rules.</p> <p>I am familiar with and will comply with the Texas Insurance Code, Chapter 6002, and the Fire Alarm Rules.</p> <p>By my signature, I verify that the information on this application and its attachments are true.</p> <p>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 Chapter 37, §37.10.</p> | | | |
| PRINTED NAME | SIGNATURE | TITLE | DATE |

COMPLETE ADDITIONAL SIGNATURES IF PARTNERSHIP

| | | | |
|--------------|-----------|-------|------|
| PRINTED NAME | SIGNATURE | TITLE | DATE |
| PRINTED NAME | SIGNATURE | TITLE | DATE |

APPLICATIONS MUST BE SIGNED BY AN OFFICER OF A CORPORATION, BY THE SOLE PROPRIETOR, BY EACH PARTNER OF A GENERAL PARTNERSHIP, BY THE GENERAL PARTNER OF A LIMITED LIABILITY PARTNERSHIP OR BY AN OFFICER OR MEMBER OF A LIMITED LIABILITY COMPANY.

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with the appropriate fee and additional documents to:

| | |
|---|---|
| <p>Mailing Address: State Fire Marshal’s Office Mail Code 9999 P. O. Box 149221 Austin, Texas 78714-9221</p> | <p>Physical Address: State Fire Marshal’s Office 333 Guadalupe Street Austin, TX 78701 Telephone No. (512) 676-6812 Fax No. (512) 490-1056 Web Site Address: www.tdi.texas.gov/fire</p> |
|---|---|

| ADDITIONAL DOCUMENTS | | | |
|--|--|--|---|
| If you are a Texas or Foreign Corporation submit the following | If you are a Sole Proprietorship or General Partnership submit the following: | If you are a Texas or Foreign Limited Partnership submit the following | If you are a Texas or Foreign Limited Liability Company submit the following |
| Certificate of general liability insurance | Certificate of general liability insurance | Certificate of general liability insurance | Certificate of general liability insurance |
| Corporate Charter, Certificate of Existence, or Certificate of Authority issued by the TX Secretary of State | | Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership issued by TX Secretary of State | Certificate of Organization, or Certificate of Authority issued by the TX Secretary of State |
| Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts | | Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts | Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts |
| Assumed Name Certificate from TX Secretary of State (if using a d/b/a) | Assumed Name Certificate from your County Clerk (if using a d/b/a) | Assumed Name Certificate from TX Secretary of State (if using a d/b/a) | Assumed Name Certificate from TX Secretary of State (if using a d/b/a) |
| Current U.L. Certificate of Compliance <i>(only for firms that have a central station)</i> | Current U.L. Certificate of Compliance <i>(only for firms that have a central station)</i> | Current U.L. Certificate of Compliance <i>(only for firms that have a central station)</i> | Current U.L. Certificate of Compliance <i>(only for firms that have a central station)</i> |
| Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee | Revision/Transfer Application or License Application for Individuals and fee |

Texas Secretary of State: (512) 463-5578

Texas Comptroller of Public Accounts (800) 252-1386

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI’s General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI’s website at www.tdi.texas.gov.

Texas Department of Insurance
State Fire Marshal's Office

Fire Alarm Certificate of Registration Monitoring Information Form

This form should be completed only IF YOUR FIRM MONITORS FIRE ALARM SYSTEMS from your own central station.

Please print or type. Any fraudulent representation on this form may be cause for denial, suspension, or revocation of a certificate of registration.

1. Name of monitoring firm _____

Texas Fire Alarm Certificate of Registration No. _____

2. Specific business location(s) where monitoring will take place:

LOCATION 1

Address _____ Telephone _____ / _____

City _____ State _____ Zip code _____ County _____

The monitoring service at this location is in compliance with adopted NFPA 72.

Name of individual at this location holding a Texas fire alarm technician license, residential fire alarm superintendent license, or fire alarm planning superintendent license _____

License No. _____

Additional licensees may be listed on the back of this form or on a separate sheet.

LOCATION 2

Address _____ Telephone _____ / _____

City _____ State _____ Zip code _____ County _____

The monitoring service at this location is in compliance with adopted NFPA 72.

Name of individual at this location holding a Texas fire alarm technician license, residential fire alarm superintendent license, or fire alarm planning superintendent license _____

License No. _____

Additional licensees may be listed on the back of this form or on a separate sheet.

3. Signature of AUTHORIZED REPRESENTATIVE of monitoring firm:

Original Signature _____ Date _____

Printed name _____ Title _____

This form should be mailed with evidence of listing or certification as a central station by a testing laboratory approved by the Texas Department of Insurance to the:

Mailing Address: State Fire Marshal's Office
Mail Code 9999
P. O. Box 149221
Austin, Texas 78714-9221
Web Site Address: www.tdi.texas.gov/fire

Physical Address: State Fire Marshal's Office
333 Guadalupe Street
Austin, TX 78701
Telephone No. (512) 676-6812
Fax No. (512) 490-1056