

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

#### **Instructions**

- Print or type your information.
- An additional \$20 fee is required for any of the following:
  - o If you have an address change.
  - o If you are employed with a new company.
  - o If you transferred to another company.
- To renew your license:
  - 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 alarm 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	Expiration date		Phone (required)	
Email (required)		_		

Home address (no PO bo	x)			
City	State	ZIP	County	
Mailing address				
City	State	ZIP	County	
reported in the past?  SF261 for each occur  Yes No	If <b>yes</b> , you must subm	nit a Criminal History	nvictions that you have no Information Supplementa	
Reminder: A license the time of the licens	e renewal may renew the license was grant	that license, but the	ot employed by a registere license holder may not en nolder is employed by a reg	gage in
Applicant signature		Date		

### 2. Type of license renewal application (Mark only one)

License Type	SFMO License #	Expiration Date	Fee (TDI code 572)
Fire Alarm Technician (FAL)			\$200
Fire Alarm Monitoring Technician (AMT)			\$200
Residential Fire Alarm Superintendent – Single-Station (RAS-SS)			\$200
Residential Fire Alarm Superintendent (RAS)			\$200
Residential Fire Alarm Technician (RAL)			\$100
Fire Alarm Planning Superintendent (APS)			\$200

#### 3. Company certification

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 will be designated to represent this company subject to Chapter 6002 of the Texas Insurance Code and Section 34.600 of Texas Administrative Code, Title 28, the Fire Alarm 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.

▶ Will this applicant be a designated f RAL license.)	ull-time employee?	(Answer <b>no</b> if individual holds an
Signature of authorized representative	Date	
Print name	Title	
		ACR-
Company name		Alarm 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 PO 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
Fire Alarm Technician (FAL)	\$30	\$120
Fire Alarm Monitoring Technician (AMT)	\$30	\$120
Residential Fire Alarm Superintendent – Single-Station (RAS-SS)	\$30	\$120
Residential Fire Alarm Superintendent (RAS)	\$30	\$120
Residential Fire Alarm Technician (RAL)	\$12.50	\$50
Fire Alarm Planning Superintendent (APS)	\$30	\$120

#### **Your rights**

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