Individual License Renewal Application for All Types of Fire Sprinkler Licenses

Instructions

- Print or type your information.
- An additional \$35 fee is required for any of the following:
 - o If you are employed with a new company.
 - o If you transferred to another company.
- To renew your license:
 - You must be an employee of a currently registered company.
 - Your renewal must be postmarked before your license expiration date.
 - o 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 page 3). 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 sprinkler 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	Expir	ation date	Phone (required)	
Email (required)				
Home address (no PO bo	ox)			

City	State	ZIP	County
Mailing address			
City	State	ZIP	County
Have you had an reported in the p	-	ır last renewal or any conv	victions that you have not
Yes No			
If yes , you must soccurrence.	submit form <u>SF261 - Su</u>	upplemental Criminal Histo	ory Information (PDF) for each
Applicant signature		Date	
Type of license ren	ewal application (Mark	conly one)	Fee (TDI code 573)
Responsible Managing Employee – General (RME-G)		\$350	
SFMO license number		Expiration date	
Responsible Ma	naging Employee – Ge	neral/Dwelling (RME-GD)	\$350
SFMO license number		Expiration date	
Responsible Ma	naging Employee – Dw	velling (RME-D)	\$200
SFMO license number		Expiration date	
Responsible Ma	naging Employee – Un	derground (RME-U)	\$200
SFMO license number		Expiration date	
Responsible Ma	naging Employee – Ge	neral Inspector (RME-I)	\$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 will be designated to represent this company subject to Chapter 6003 of the Texas Insurance Code and Section 34.700 of the Texas Administrative Code, Title 28, the Fire Sprinkler 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 designa RME-I license.) ☐ Yes ☐ N		nployee? (Answer no if individual holds an
Signature of authorized representative		Date
Print name	Title	SCR-
Company name		Sprinkler certificate of registration number

4. Payment

Pay by cashier's 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
Responsible Managing Employee – General (RME-G)	\$100	\$200
Responsible Managing Employee – General/Dwelling (RME-GD)	\$100	\$200
Responsible Managing Employee – Dwelling (RME-D)	\$75	\$150
Responsible Managing Employee – Underground (RME-U)	\$75	\$150
Responsible Managing Employee – General Inspector (RME-I)	\$25	\$50

Your rights

You can request information we have about you by emailing 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 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. There may be a fee to update information held by SFMO.