



## TEXAS DEPARTMENT OF INSURANCE

### State Fire Marshal's Office (112-FM)

333 Guadalupe Street, Austin, Texas 78701 ★ PO Box 149221, Austin, Texas 78714  
 (512) 676-6800 | F: (512) 490-1056 | TDI.texas.gov/fire | @TXSFMO

## Fire Alarm Instructor License Application Instruction Guide

Go to <https://www.sircon.com/index.jsp>

1. Select "Apply for a License."

COVID-19 regulations are changing all the time - here's what you need to know for each state. Updated daily.  
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### Complete. Connected. Compliant.

Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell.

Apply for a License

Renew or Reinstate a License

Check Application / Renewal Status

Print a License

Look up Courses or Transcript

View a list of all services

Insurance is all about relationships, and compliance is no exception. Sircon connects all of the compliance stakeholders together so that everyone knows who is authorized to sell.

Select

Apply for a License

Renew or Reinstate a License

Check Application / Renewal Status

Print a License

Look up Courses or Transcript

View a list of all services

Insurance is all about relationships, and compliance is no exception. Sircon connects all of the compliance stakeholders together so that everyone knows who is authorized to sell.

## 2. Select "New Insurance License."

**License Applications**

*i* If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

**NEW INSURANCE LICENSES**

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

**NEW ADJUSTER LICENSES**

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

**OTHER LICENSES**

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

Select

## 3. Select "Resident" and "Individual," then click <Continue>.

**License Applications**

*i* If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

**NEW INSURANCE LICENSES**

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input checked="" type="radio"/> Resident	<input type="radio"/> Non-Resident
Are you an individual or a firm?	<input checked="" type="radio"/> Individual	<input type="radio"/> Firm

[Cancel](#) [Continue](#)

**NEW ADJUSTER LICENSES**

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

Select

then

4. Enter your email address and then click <Continue>.

The screenshot shows a web form titled "License Applications". It features a dark header bar with the title. Below the header, the text "Email Address:" is followed by an empty text input field. To the right of the input field is a small blue question mark icon and a link that reads "Why do you need my email?". Below the input field is a "Continue" button. A large blue oval on the right side of the form contains the text "Enter Email Address", with a blue arrow pointing from it to the input field. Another blue oval below it contains the word "then", with a blue arrow pointing from it to the "Continue" button. At the bottom of the form, there is a dark footer bar with navigation links: "Home | Help | News Releases | FAQ | State Information | NAIC Information". Below the footer bar, the copyright information is displayed: "Copyright © 1998-2020 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823".

5. Enter the *required* information for the “Individual Resident License Application” section.

- Last name
- Social Security Number (SSN)
- Confirm SSN
- Preparer – select either “Applicant” or “Authorized Submitter”

5a. In the “States Accepting Electronic License Application” section select “Texas.”

5b. Verify the “Payment Method” and then click <Continue>.

### Individual Resident License Application

Last Name  \* Required

SSN  \* Required

Confirm SSN  \* Required

Preparer  Applicant  Authorized Submitter \* Required

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

#### States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

Attention Alabama applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <http://www.oci.ga.gov/home.aspx>.

<input type="radio"/> <a href="#">Alabama</a>	<input type="radio"/> <a href="#">Hawaii</a>	<input type="radio"/> <a href="#">Massachusetts</a>	<input type="radio"/> <a href="#">New Mexico</a>	<input type="radio"/> <a href="#">South Dakota</a>
<input type="radio"/> <a href="#">Alaska</a>	<input type="radio"/> <a href="#">Idaho</a>	<input type="radio"/> <a href="#">Michigan</a>	<input type="radio"/> <a href="#">North Carolina</a>	<input type="radio"/> <a href="#">Tennessee</a>
<input type="radio"/> <a href="#">Arizona</a>	<input type="radio"/> <a href="#">Illinois</a>	<input type="radio"/> <a href="#">Minnesota</a>	<input type="radio"/> <a href="#">North Dakota</a>	<input type="radio"/> <a href="#">Texas</a>
<input type="radio"/> <a href="#">Arkansas</a>	<input type="radio"/> <a href="#">Indiana</a>	<input type="radio"/> <a href="#">Mississippi</a>	<input type="radio"/> <a href="#">Ohio</a>	<input type="radio"/> <a href="#">Utah</a>
<input type="radio"/> <a href="#">California</a>	<input type="radio"/> <a href="#">Iowa</a>	<input type="radio"/> <a href="#">Missouri</a>	<input type="radio"/> <a href="#">Oklahoma</a>	<input type="radio"/> <a href="#">Vermont</a>
<input type="radio"/> <a href="#">Colorado</a>	<input type="radio"/> <a href="#">Kansas</a>	<input type="radio"/> <a href="#">Montana</a>	<input type="radio"/> <a href="#">Oregon</a>	<input type="radio"/> <a href="#">Virginia</a>
<input type="radio"/> <a href="#">Connecticut</a>	<input type="radio"/> <a href="#">Kentucky</a>	<input type="radio"/> <a href="#">Nebraska</a>	<input type="radio"/> <a href="#">Pennsylvania</a>	<input type="radio"/> <a href="#">Washington</a>
<input type="radio"/> <a href="#">Delaware</a>	<input type="radio"/> <a href="#">Louisiana</a>	<input type="radio"/> <a href="#">Nevada</a>	<input type="radio"/> <a href="#">Puerto Rico</a>	<input type="radio"/> <a href="#">West Virginia</a>
<input type="radio"/> <a href="#">District of Columbia</a>	<input type="radio"/> <a href="#">Maine</a>	<input type="radio"/> <a href="#">New Hampshire</a>	<input type="radio"/> <a href="#">Rhode Island</a>	<input type="radio"/> <a href="#">Wisconsin</a>
<input type="radio"/> <a href="#">Georgia</a>	<input type="radio"/> <a href="#">Maryland</a>	<input type="radio"/> <a href="#">New Jersey</a>	<input type="radio"/> <a href="#">South Carolina</a>	<input type="radio"/> <a href="#">Wyoming</a>

#### States Accepting Paper License Applications

There are currently no states accepting paper license applications.

#### Payment Method

Credit Card/Electronic Check Submission  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

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Enter the required information.

Select Texas

Verify payment method.

Click <Continue>

6. Select the type of license you are applying for and answer either Yes or No to the "Previously Licensed" question, then click <Continue>.

**Individual Resident License Application**

**Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)**

**License Information**

General Lines includes 2 qualifications, LAH and P&C. If you select General Lines, SELECT THE PROPER QUALIFICATION.  
 To apply for resident Adjuster license, attach Certificate of Completion from Adjuster prelicensing course OR Passed Score report from State Exam vendor OR CPCU designation or Associate in Claims (AIC) certification.  
 To apply for an emergency adjuster general lines license, click Temporary General Lines ER Adj.

State **Texas**

**License Type**

- Adjuster
- County Mutual Agent
- Escrow Officer
- FM-Alarm Monitoring Technician
- FM-Alarm Planning Supt.
- FM-Fire Alarm Instructor
- FM-Fire Alarm Technician
- FM-Res Alarm Superintendent
- FM-Res Alarm Superintendent-SS
- FM-Res Alarm Technician
- General Lines Agent
- Life Agent Individual
- Life Agt Not Exceed \$25,000
- Limited Lines Agent
- Managing General Agent
- Pers Lines Prop and Cas Agent
- Pre-Need Agent
- Public Insurance Adjuster
- Surplus Lines Agent
- Temp Gen Lines LAH HMO Agent
- Temp Gen Lines- Emer P&C Agent
- Temp General Lines - P&C Agent
- Temp Life Ins Not Excd \$25,000
- Temp. Pers Lines Prop and Cas
- Temporary County Mutual Agent
- Temporary General Lines ER Adj
- Temporary Life Agent
- Temporary Limited Lines Agent
- Temporary Pre-Need Agent
- Trainee License

Previously licensed ?  Yes  No

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Select License Type.

Answer the "Previously Licensed" question.

Click <Continue>.

7. Complete the "Individual Information" section with the *required* information. The "Individual Alias Information" section is not required.

**Individual Information**

*If applying for variable line of authority, the FINRA CRD number is required. Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as.*

Social Security Number  \* Required

National Producer Number

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix (Jr, Sr, etc.)

Birth Date  MM-DD-YYYY  \* Required (mm-dd-yyyy)

Gender  \* Required

Citizen Country Code  \* Required

Business Email Address  \* Required

Applicant Email Address  \* Required

Business Web Address

FINRA CRD Identifier

**Individual Alias Information**

*The information in this section is optional. If you elect to provide this information, please enter all required fields. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)*

Type  \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type  \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type  \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Type  \* Required

First Name  \* Required

Middle Name

Last Name  \* Required

Suffix Name

Complete the *required* "Individual Information" section.

"Individual Alias Information" is not required

8. Complete the following *required* sections, then click <Continue>.

- Business Fax Information is optional.

**Individual Residence Address**  
The Residential address must be the physical home address where the applicant resides. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State  \* Required  
Postal Code  \* Required  
Country  \* Required

**Individual Business Address**  
The Business address must be the physical business address at which business records of insurance transactions are maintained. DO NOT enter a P.O. Box address. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State   
Postal Code  \* Required  
Country  \* Required

**Individual Mailing Address**  
This must be your official permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Do not enter punctuation in any address field.

Line One  \* Required  
Line Two   
Line Three   
City  \* Required  
State   
Postal Code  \* Required  
Country  \* Required

**Residence Phone Information**

Phone Number  \* Required

**Business Phone Information**  
Daytime Phone Number

Phone Number  \* Required  
Extension

**Business Fax Information**  
The information in this section is optional.  
If you elect to provide this information, please enter all required fields.

Fax Number

Address and phone number information is **required.**

optional

Click <Continue>

9. Complete the "Employment History Information" section. You must include information that covers the past five years of employment.

Individual Resident License Application	
Employment History Information	
<i>Please enter information into the sections below (at least one is required).</i>	
<i>Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.</i>	
<i>If providing current employment, please enter current month and year as the end date.</i>	
<b>Current Employment</b>	<input type="checkbox"/>
<b>Beginning Date</b>	<input type="text"/> * Required (mm-yy)
<b>Ending Date</b>	<input type="text"/> * Required (mm-yy)
<b>Employer Name</b>	<input type="text"/> * Required
<b>City</b>	<input type="text"/> * Required
<b>State</b>	<input type="text"/>
<b>Province</b>	<input type="text"/>
<b>Country</b>	<input type="text"/> * Required
<b>Position Description</b>	<input type="text"/> * Required
<b>Current Employment</b>	<input type="checkbox"/>
<b>Beginning Date</b>	<input type="text"/> * Required (mm-yy)
<b>Ending Date</b>	<input type="text"/> * Required (mm-yy)
<b>Employer Name</b>	<input type="text"/> * Required
<b>City</b>	<input type="text"/> * Required
<b>State</b>	<input type="text"/>
<b>Province</b>	<input type="text"/>
<b>Country</b>	<input type="text"/> * Required
<b>Position Description</b>	<input type="text"/> * Required
<b>Current Employment</b>	<input type="checkbox"/>
<b>Beginning Date</b>	<input type="text"/> * Required (mm-yy)
<b>Ending Date</b>	<input type="text"/> * Required (mm-yy)
<b>Employer Name</b>	<input type="text"/> * Required
<b>City</b>	<input type="text"/> * Required
<b>State</b>	<input type="text"/>
<b>Province</b>	<input type="text"/>
<b>Country</b>	<input type="text"/> * Required
<b>Position Description</b>	<input type="text"/> * Required
<b>Current Employment</b>	<input type="checkbox"/>
<b>Beginning Date</b>	<input type="text"/> * Required (mm-yy)
<b>Ending Date</b>	<input type="text"/> * Required (mm-yy)
<b>Employer Name</b>	<input type="text"/> * Required
<b>City</b>	<input type="text"/> * Required
<b>State</b>	<input type="text"/>
<b>Province</b>	<input type="text"/>
<b>Country</b>	<input type="text"/> * Required
<b>Position Description</b>	<input type="text"/> * Required

Complete the  
employment history  
information section.

**You must cover the  
past five years.**

10. The "Affiliation Information" section is not required. Click <Continue>.

**Affiliation Information**  
*The information in this section is optional.  
If you elect to provide this information, please enter all required fields.*

**Agency Name**  \*Required  
**Agency EIN**  \*Required  
**National Producer Number**

**Agency Name**  \*Required  
**Agency EIN**  \*Required  
**National Producer Number**

**Agency Name**  \*Required  
**Agency EIN**  \*Required  
**National Producer Number**

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Affiliation information is not required.

Click <Continue>.

11. You must answer **all** questions. You will have an opportunity to attach any required documents to this application **after** you click <Submit>. The instructions to attach documents are on Page 14 of this guide.

Click <Continue>.

Note: The questions may vary depending on the type of license for which you are applying.

**Individual Resident License Application**

**TX Indiv. Resident Fire Alarm Instructor License Questions**

*All questions are required unless otherwise specified*

**Please answer the following TX Indiv. Resident Fire Alarm Instructor License Questions**

---

**Question 1**

Enter your current fire alarm planning superintendent license (APS), or residential fire alarm superintendent license (RAS), or fire alarm technician license (FAL) issued by the Texas State Fire Marshal.  
You must hold one of these licenses to qualify for the approval.

---

**Question 2**

Have you held the one of the licenses described in Question 1 for a minimum of three years?  
If No, attach supporting documentation demonstrating proof of a minimum of three years' experience in the installation, servicing, or monitoring of fire alarm systems, once you submit the application.

No  
 Yes

---

**Question 3**

Do you qualify for Military processing?  
If yes, attach DD214 supporting documentation.

No  
 Yes

---

**Question 3A**

Select how you qualify

A. Military service member: A person who is currently serving in (1) the armed forces of the United States, (2) a reserve component of the armed forces, including the National Guard, or (3) a state military service of any state.

B. Military spouse: A person who is married to a military service member who is currently on active duty.

C. Military veteran: A person who has served in: (1) the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or (2) in an auxiliary service of one of those branches of the armed services.

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Answer all questions.

You will be able to attach any required documents to this application **after** you submit it.

See Page 14 of this guide for instructions on how to attach documents to your application.

Click <Continue>.

12. Read the "Attestation Information for State of Texas" section carefully. Mark the "I Agree" box, then click <Continue>.

**Individual Resident License Application**

**Attestation Information for State of Texas: FM-Fire Alarm Instructor**

*If this application is being submitted due to passing an examination, make sure the Exam License Type / Qualification matches the application's License Type / Qualification. If the License Type/ Qual is not correct, back up to the beginning and select the correct options.  
Verify the background questions were answered correctly before you submit the application.*

The Applicant must read the following very carefully:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

I hereby certify that upon request I will furnish the jurisdictions to which I am applying certified copies of any documents that will be attached, as a part of this application process or any items requested by the jurisdiction.

I Agree\* *Required*

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Read the Attestation section **carefully**.

Mark the "I Agree" box.

Click <Continue>.

13. **Before you submit your application**, take the time to review your application for any issues. Read the "Additional State Requirements" carefully. (See 14 on the next page.)

Mark the boxes:

- To verify that you understand that fees are non-refundable.
- If you want to receive notices about your license renewal, state insurance deadlines, license renewal notices, new electronic services, and related issues.
- Create an account with Sircon so you can track and manage your license credentials and continuing education (CE) requirements.

Enter your email address, click <Submit>.

### Individual Resident License Application

License Application Summary

State to Apply  
Last Name  
[Review License Application](#)

Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
<a href="#" style="color: orange;">Texas</a>	FM-Fire Alarm Instructor		\$50.00
<b>State Fee Total</b>			\$50.00
<b>Sircon Service Fee</b>			\$8.50

Fee Summary

Electronic Applications State Fee Total	\$50.00
Sircon Service Fee Total	\$8.50
Processing Fee Total	\$2.63
<b>Total</b>	<b>\$61.13</b>

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. [What's this?](#)

Sircon account email

Confirm your email to sign up

Review your complete application.

Review the "Additional State Requirements" carefully, **before** you submit your application.

Enter your email address.

Click <Submit>.

Mark these boxes.

14. This is the "Additional State Requirements" document. Please read this section carefully and click <Close this Window> when you are finished.

**Individual Resident License Application**

**License Application Additional State Requirements**

**Texas - FM-Fire Alarm Instructor**

- All Documents and information required by **The Texas Insurance Code, Chapter 6002** and the **Fire Alarm Rules**.
- **Method of Submitting:** When your license application has been submitted electronically to the Texas Department of Insurance, print a copy of the license application form to retain for your own records; **DO NOT** send it to the state.
- Verify if answered "**No**" to **question 2**, you have attached supporting documentation demonstrating proof of a minimum of three years' experience in the installation, servicing, or monitoring of fire alarm systems, once you submit the application.
- All required attachments or other requirements should be submitted to the state as follows:
  - (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant will be offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  - (2) Click the button to open the Attach Supporting Documents page.
  - (3) There you can browse for the electronic document on your computer system, provide a description to give context for the reviewer, and
  - (4) upload the document(s) to the license application.

If you do not have scan capability, fax all required documents to the number listed below or mail to:

**Texas Department of Insurance**  
 State Fire Marshal's Office  
 Mail Code 9999  
 P.O. Box 149221  
 Austin, TX 78714-9221  
 Phone: (512) 676-6800  
 Fax: (512) 490-1056

- Verify you have entered the correct **SSN** and **Date of Birth** information on the application.
- If you are not a citizen of the United States, you must provide proof of eligibility to work in the U.S. by submitting a copy of your **Employment Authorization Card**.
- Verify the **License type/Qualification** listed on the payment page is the desired License Type/Qualification.
- **To ensure proper processing of application, please note the following:**
  - Enter all data for the application in CAPS only.
  - Do not enter a P.O. Box address in the Business address field.
  - Do not enter punctuation in any address field.
- **To check on the status of your application**, please use the following steps:
  - In your web browser, go to [www.sircon.com/Texas](http://www.sircon.com/Texas).
  - Click on the "Check License Application Status" link in the left hand column
  - Enter your confirmation ID number, SSN and Producer Type
  - Click the Submit button

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Please read  
over this  
information  
carefully.

Once you  
have read this  
document,  
click <Close  
This  
Window>.

## 15. Attach Supporting Documents.

Below is an example of the screen that you will see after you submit your application(s).

This section provides you the opportunity to attach any required documents to your submitted application(s).

Step 1: Click on <Choose File> and locate the document you want to attach and click <OK>.

Step 2: Include a brief description of the document. (Example: NICET level 3 certification).

Step 3: Click <Attach>.

Repeat the above 3 steps until you have attached all your documents.

Step 4: Click <Submit>.

The screenshot shows the 'Attach Supporting Documents' page. At the top, there is a header 'Attach Supporting Documents'. Below it, a section titled 'License Applications' contains a table with the following data:

State	License Number	License Type	Date Submitted	Status
TX		FM-Fire Alarm Instructor	05-11-2020	Submitted

Below the table is an 'Attachments' section with instructions:

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

The 'Attachments' section includes a 'Select a Document' field with a 'Choose File' button and a 'Document Description' text area. An 'Attach' button is positioned below these fields. At the bottom of the page are 'Cancel' and 'Submit' buttons. A footer contains navigation links and copyright information.

Instructional callouts on the right side of the image provide the following steps:

- Attach all of the necessary documents for the license applications listed.** (Blue box pointing to the License Applications table)
- Step 1: Click <Choose File>** (Orange box pointing to the 'Choose File' button)
- Step 2: Add a brief description of the document.** (Orange box pointing to the 'Document Description' text area)
- Step 3: Click <Attach>** (Orange box pointing to the 'Attach' button)
- Step 4: Click <Submit>.** (Orange box pointing to the 'Submit' button)

Your application will be sent for processing.