



Texas Department of Insurance
State Fire Marshal's Office Mail Code 112-FM
 333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221
 512-305-7900 • 512-305-7922 fax • www.tdi.state.tx.us

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, Article 5.43-2, 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 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 sell, contract, or bill 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)

EMPLOYEES OR AGENTS *(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)*

Provide the name of the designated 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. *(A registered firm must employ at least one full-time licensed individual at each location.)*

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	
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. *(Examples: change of firm's business or mailing address, change of corporate officers, employment or termination of licensees.)*

PRINTED NAME	SIGNATURE	TITLE	DATE

CERTIFICATION

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, Article 5.43-2, and the Fire Alarm Rules.
 I am familiar with and will comply with the Texas Insurance Code, Article 5.43-2, and the Fire Alarm Rules.
 By my signature, I verify that the information on this application and its attachments are true.
 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.

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:

Mailing Address: State Fire Marshal's Office
 Mail Code 9999
 P. O. Box 149221
 Austin, Texas 78714-9221

Physical Address: State Fire Marshal's Office
 333 Guadalupe Street
 Austin, TX 78701

Telephone No. 512-305-7935
 Fax No. 512-305-7922
 Web Site Address: www.tdi.state.tx.us/fire

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 Texas Secretary of State		Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership	Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State
Current letter of good standing from the Texas Comptroller of Public Accounts			Current letter of good standing from the Texas Comptroller of Public Accounts
Assumed Name Certificate from Texas 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 Texas Secretary of State (if using a d/b/a)	Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)
Current U.L. Certificate of Compliance (only for firms that have a central station)	Current U.L. Certificate of Compliance (only for firms that have a central station)	Current U.L. Certificate of Compliance (only for firms that have a central station)	Current U.L. Certificate of Compliance (only for firms that have a central station)
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 Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.

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.state.tx.us/fire

Physical Address: State Fire Marshal's Office
333 Guadalupe Street
Austin, TX 78701
Telephone No. 512-305-7935
Fax No. 512-305-7922