

Licensed Employee Termination Notice (FAL, AMT, RAS, RAS-SS, or APS) (FEL, EAP, or EPL) (RME, RME-U, RME-GD, or RME-D)

This form should be completed and returned to the address below for any licensee who is to be terminated under a registered firm that is shown on his or her license.

LICENSEE INI	FORMATION			
Name				
	(Last)	(First)	(Middle)	
License numbe	License number Effect		ve DATE of termination	
TO BE COMP	LETED BY THE EMPLOYER			
I certify that thi	s individual will not be an employee o	r agent of this firm on the e	ffective date shown above.	
Name of registered firm		Web site Addr:		
C of R. No		E-Mail Addr:		
Signature of au	uthorized representative of firm:			
Signature			Date	
Printed name			Title	
ailing Address:	State Fire Marshal's Office Mail Code 9999	Physical Address:	State Fire Marshal's Office 333 Guadalupe Street	
	P. O. Box 149221 Austin, Texas 78714-9221	Fax No. Web site address:	Austin, TX 78701 512-305-7922	

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.