



FILE UPDATE FORM

(Please complete and return this form if you are changing the firm's location or mailing address, phone number, or additional authorized signers)

Please contact our office if you are changing the ownership of a firm or changing the firm's entity type (i.e. sole proprietorship to a corporation).

CERTIFICATE OF REGISTRATION NUMBER	ACR-	ECR-	SCR-
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
ADDITIONAL AUTHORIZED SIGNATURES List all persons that you authorize, on behalf of your firm, to sign official documents submitted to this office. <i>(Examples: change of firm's business or mailing address, change of corporate officers, employment or termination of licensees.)</i>			
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE
PRINTED NAME	SIGNATURE	TITLE	DATE

CERTIFICATION

I hereby authorize representatives of the State Fire Marshal's Office 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 applicable articles of the Texas Insurance Code and the rules adopted pursuant to those articles

I am familiar with and will comply with the applicable articles of the Texas Insurance Code.

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.

ANY FRAUDULENT REPRESENTATION ON THIS FORM MAY BE CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF A CERTIFICATE OF REGISTRATION.

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.

Mail this completed form with appropriate fee 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. 512-305-7900
Fax No. 512-305-7922

Web Site Address: www.tdi.state.tx.us/fire

	If you are Changing the firm's location address submit the following	If you are a Changing the firm's mailing address submit the following:
Extinguisher Alarm	\$20.00 revision fee for the certificate of registration	\$20.00 revision fee for the certificate of registration
Sprinkler	\$35.00 revision fee for the certificate of registration	\$35.00 revision fee for the certificate of registration