



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

FIRE EXTINGUISHER 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 5.43-1, and the Fire Extinguisher 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			
CHECK ONE	TYPE OF CERTIFICATE OF REGISTRATION	LICENSE FEE	CODE
<input type="checkbox"/>	Extinguisher Certificate of Registration	\$450.00	571-01
<input type="checkbox"/>	Extinguisher Certificate of Registration - Branch Office	\$100.00	571-02
<input type="checkbox"/>	Hydrostatic Testing (Type C) For the high and low pressure hydrostatic testing of DOT specification cylinders in accordance with the procedures specified by the United States Department of Transportation (DOT) Please provide a copy of the current DOT letter registering your facility	\$250.00	571-03

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	

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)*

List all employees or agents currently holding a Texas fire extinguisher license. If the firm does not currently employ a licensed individual, list those whose license is pending based on this application.

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
NAME	<input type="checkbox"/> *Agent or <input type="checkbox"/> Employee	LICENSE NUMBER
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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.

PROOF OF TRAINING (To be completed only by firms registering to plan, certify, install or service fixed fire extinguisher systems)

List the fixed fire extinguisher systems which are installed, serviced or maintained by the firm. In addition to the system description, include a statement which details the experience and educational information supporting and establishing the firm's qualifications to plan, install or service these fixed systems. Such statement may be further supported by documentation from manufacturers of pre-engineered fixed systems or fixed system equipment relative to the applicant's receipt of training and education regarding the installation and service of these products.

MANUFACTURER/BRAND NAME	SYSTEM TYPE
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STATEMENT

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MANUFACTURER/BRAND NAME	SYSTEM TYPE
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STATEMENT

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 5.43-1, and the Fire Extinguisher Rules.

I am familiar with and will comply with the Texas Insurance Code, Article 5.43-1, and the Fire Extinguisher 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
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COMPLETE ADDITIONAL SIGNATURES IF PARTNERSHIP

PRINTED NAME	SIGNATURE	TITLE	DATE
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PRINTED NAME	SIGNATURE	TITLE	DATE
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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. 512-305-7934 Fax No. 512-305-7922 Web Site Address: www.tdi.state.tx.us/fire
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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.S. Dept. of Transportation (DOT) letter (only for hydrostatic testing firms)	Current U.S. Dept. of Transportation (DOT) letter (only for hydrostatic testing firms)	Current U.S. Dept. of Transportation (DOT) letter (only for hydrostatic testing firms)	Current U.S. Dept. of Transportation (DOT) letter (only for hydrostatic testing firms)
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.