



**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](http://www.tdi.state.tx.us)

**LICENSE REVISION/TRANSFER APPLICATION FOR INDIVIDUALS  
 FOR ALL TYPES OF FIRE EXTINGUISHER LICENSES**

This form should be completed and returned to the address below with the fee for any individual who is requesting a license under a registered firm other than that shown on his or her license.

Any fraudulent representation on this form shall be cause for denial, suspension, or revocation of a license.

All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

CHECK ONE	TYPE OF CHANGE	FEE
<input type="checkbox"/>	Transfer from one firm to another. <b>State name of company transferring from:</b>	\$20.00
<input type="checkbox"/>	Additional license under another firm.	\$20.00

**TO BE COMPLETED BY FIRE EXTINGUISHER LICENSEE**

LAST NAME		FIRST NAME AND MIDDLE NAME		HOME AREA CODE AND TELEPHONE	
HOME ADDRESS			CITY	STATE	ZIP CODE
COUNTY	LICENSE NUMBER		E-MAIL ADDRESS (Optional)		
EFFECTIVE DATE OF CHANGE	<b>COMPLETE PAGE TWO FOR TYPE A and TYPE K LICENSES</b>				
SIGNATURE OF INDIVIDUAL LICENSEE				DATE	

**TO BE COMPLETED BY NEW EMPLOYER**

I certify that this applicant is an

**agent, covered by the general liability insurance policy of the firm shown on this application**

or

**employee, covered by the general liability insurance policy of the firm shown on this application**

and upon receipt of a license is designated to represent this firm, subject to Article 5.43-1 of the Texas Insurance Code and the Fire Extinguisher Rules.

We know of no reason why the applicant should be denied a license.

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.

NAME OF REGISTERED FIRM	FIRE EXTINGUISHER CERTIFICATE OF REGISTRATION NO. ECR-
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF FIRM	DATE
PRINTED NAME	TITLE

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with appropriate fee and any 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:	<a href="http://www.tdi.state.tx.us/fire">www.tdi.state.tx.us/fire</a>				

*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](http://www.tdi.state.tx.us).*

**THIS PAGE IS TO BE COMPLETED FOR TYPE A & K LICENSE APPLICANTS ONLY.**

I certify that this applicant is competent to install or service the following fixed systems, which my firm is currently qualified to install or service:

MANUFACTURER/BRAND NAME	SYSTEM TYPE

NAME OF FIRM	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF FIRM	DATE
PRINTED NAME	TITLE

This statement may be 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.

Copies of other evidence of completion of a structured training program may also be submitted.