



RENEWAL APPLICATION
 FIRE ALARM INDIVIDUAL LICENSE

| Certificate of | | | | | |
|---------------------|----------------|-----------------|--------------|----------|-----------|
| Registration Number | License Number | Expiration Date | *Renewal Fee | Late Fee | Total Fee |
| 1 | | | | | |

ALL FEES ARE NON-REFUNDABLE, EXCEPT FOR OVERPAYMENTS RESULTING FROM MISTAKES OF LAW OR FACT.

2 Name & Mailing Address of Employer: _____

3 Name & Home Address of Licensee: _____

4 Licensee's county of residence: _____

*If this licensee is listed under more than one company, the first license renewal fee is \$200.00. After this has been paid the fee for each additional license is \$20.00.

Please note that **LATE FEES** will be required for renewal applications that are not postmarked by the expiration date and also for those that are not deemed complete, according to both statute and rules, before the expiration of the license or within the 30 day notice period allowed by the fire alarm rules. Please refer to **page 2 for the fee schedule**.

5 Have you had any convictions since your last renewal or that you have not reported in the past? (include all deferred adjudication) YES NO

If "YES", provide details. Your name is being submitted to the Department of Public Safety for criminal history review. Failure to report all convictions could result in denial of your license.

6 Signature of licensee: _____

7 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 is designated to represent this firm, upon licensing, subject to Article 5.43-2 of the Texas Insurance Code and the Fire Alarm 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 any attachments is true.

8 Signature of authorized representative of firm: _____

Printed Name _____ Title _____ Date _____

Any fraudulent representation on this application may be cause for denial, suspense, or revocation of license.
Check or money order for the renewal fee should be made payable to the TEXAS DEPARTMENT OF INSURANCE and mailed with this complete application and current valid documents to:

STATE FIRE MARSHAL'S OFFICE, MAIL CODE 9999. P O BOX 149221, AUSTIN, TX 78714-9221.

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.

TEXAS DEPARTMENT OF INSURANCE - STATE FIRE MARSHAL'S OFFICE

RENEWAL CHECKLIST

To renew a license issued to an individual by the State Fire Marshal's Office:

- the licensee must be an employee or agent of a currently registered firm (except for fire alarm licensees), and
- a complete renewal application must be submitted.

A renewal application is considered complete only if the following items are submitted with the application or are on file in the Licensing Administration section of the State Fire Marshal's Office. A **LATE FEE** will be due if a renewal application with appropriate fee is not postmarked by the expiration date OR if a renewal application is not deemed complete, according to both statute and rules, before the expiration of the license or within the 30-day notice period.

| TYPE OF LICENSE | DOCUMENTATION REQUIRED | FEE | LATE FEE | | APPLICATION FORM |
|--|---|----------|------------|----------------|---|
| | | | DAY 1 – 90 | DAY 91 – 2 YRS | |
| AMT Alarm Monitoring Technician | None | \$200.00 | \$30.00 | \$120.00 | The criminal history question must be answered and the application form must be signed by the LICENSEE. |
| FAL Fire Alarm Technician | None | \$200.00 | \$30.00 | \$120.00 | An AUTHORIZED REPRESENTATIVE of the registered firm must complete and sign the appropriate section on the application form. |
| RAS Residential Fire Alarm Superintendent | None | \$200.00 | \$30.00 | \$120.00 | Evidence of authorization to sign must be on file in the Licensing Administration section. |
| RAS-SS Residential Fire Alarm Superintendent-- Single Station | None | \$200.00 | \$30.00 | \$120.00 | |
| APS Fire Alarm Planning Superintendent | NICET letter, Level III for Fire Alarm Systems or CURRENT proof of registration in Texas as a professional engineer | \$200.00 | \$30.00 | \$120.00 | |

An additional \$20.00 revision fee is required for address changes.

ALL FEES ARE NON-REFUNDALBE, except for overpayments resulting from mistakes of law or fact.

Please make all checks payable to the TEXAS DEPARTMENT OF INSURANCE and mail with complete applications to the:

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

Telephone: (512) 305-7935
FAX: (512) 305-7922