



State Fire Marshal's Office

PO Box 12107 | Austin, TX 78711 | 512-676-6800 | tdi.texas.gov/fire

SF032 | 0126

Individual Application for All Types of Fire Alarm Licenses

Instructions

- Print or type your information.
- Include all required test and certification documents as indicated on the [Fire Alarm License and Test Information Guide](#). These requirements are in [Chapter 6002 of the Texas Insurance Code \(TIC\)](#) and in [Section 34.600 of the Texas Administrative Code \(TAC\), Title 28, the Fire Alarm Rules](#).
- Do not submit your application until you have met all test requirements. Test scores are valid for one year from the date the test was taken.
- All fees are nonrefundable, except for overpayments from mistakes of law or fact.
- Send one payment to cover fees. Payments for various applications must be combined.
- Answer questions completely and truthfully. We may deny, suspend, or revoke your license if you misrepresent or knowingly give wrong information on this application.

1. Applicant information (Use your full name as it appears on your driver's license.)

First name	Middle name	Last name	Suffix
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Phone	Driver's license number and state
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Date of birth (mm/dd/yyyy)	Social Security number ¹
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Home address (No PO box)

City	State	ZIP	County
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Mailing address

City	State	ZIP	County
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Email (Required)

¹ The disclosure of your Social Security number is required by Texas Family code, Section 231.302 and will be used pursuant to that code.

Type of license application (Check only one)	Fee (TDI code 572)
<input type="checkbox"/> Fire Alarm Technician (FAL)	\$120
<input type="checkbox"/> Fire Alarm Monitoring Technician (AMT)	\$120
<input type="checkbox"/> Residential Fire Alarm Superintendent – Single-Station (RAS-SS)	\$120
<input type="checkbox"/> Residential Fire Alarm Superintendent (RAS)	\$120
<input type="checkbox"/> Residential Fire Alarm Technician (RAL)	\$50
<input type="checkbox"/> Fire Alarm Planning Superintendent (APS)	\$120

2. Military service (mark one)

Are you an active military service member, retired military service member, or a spouse of an active military service member?

Yes No

If yes, complete the [SF265 - Licensing Fee Exemption Application for Military Service](#) form (PDF).

3. Employer information

Will this applicant be a designated full-time employee? (Answer **no** if the individual holds an RAL license.) Yes No

Company name

Phone

Date of hire (mm/dd/yyyy)

Address

City

State

ZIP

County

ACR-

Fire alarm certificate of registration number (Use "pending" if this is a new company application)

4. Questions

- a. Have you met the [National Institute for Certification in Engineering Technologies \(NICET\)](#) exam requirements for certification? If **yes**, include a copy of the NICET documents with your application.
 Yes No
- b. Do you have an [Electronic Security Association \(ESA\)](#) Level II or Level III certification for fire alarm systems? If **yes**, include a copy of the ESA documents with your application.
 Yes No
- c. Are you a professional engineer registered in Texas? If **yes**, include a copy of your registration with this application.
 Yes No
- d. Do you have a current license or permit issued by the Texas State Fire Marshal's Office?
 Yes No If **yes**, enter your license number: _____
- e. Have you ever held a license or permit issued by the Texas State Fire Marshal that is not shown in question "d."?
 Yes No
- f. Have you ever had a permit or license denied, suspended, or revoked? If **yes**, please provide details on a separate page.
 Yes No
- g. Excluding traffic violations:
- Have you ever been convicted of a misdemeanor or felony offense in Texas, in any other state, or by the federal government?
 Yes No
 - Have you ever had an adjudication deferred on a misdemeanor or felony charge or offense in Texas, in any other state, or by the federal government?
 Yes No
 - Have you ever served probation for a misdemeanor or felony offense in Texas, in any other state, or by the federal government?
 Yes No

If you answered **yes** to any of the questions under "g.", you must submit a [SF261 – Criminal History Information Supplemental](#) form (PDF) for each occurrence.

5. Fingerprints

All first-time applicants must have their fingerprints taken by IdentoGo. View [information and instructions](#).

6. Certification

Applicant

- I am familiar with and will comply with the requirements in Chapter 6002 of the TIC and Section 34.600 of TAC, Title 28, the Fire Alarm Rules.
- I verify that the information on this application and its attachments are true and correct.
- 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 37.10.

Applicant signature

Date

Print name

Employer

- I certify that this applicant will be an employee of this company and will be covered by the general liability insurance policy of the company. Upon receiving a license, the applicant will be designated to represent this company, subject to Chapter 6002 of the TIC and Section 34.600 of TAC, Title 28, the Fire Alarm Rules.
- I know of no reason why this applicant should be denied a license.
- I verify that the information on this application and its attachments are true and correct.
- 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, Section 37.10.

Signature of authorized company representative

Date

Print name

Title

7. Payment

Pay by cashier's check or money order payable to the Texas Department of Insurance. Mail your completed application, additional documents, and payment to the following mailing address:

State Fire Marshal's Office
PO Box 12107
Austin, Texas 78711-2107

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030. There is a different process to change or update information you submitted to the State Fire Marshall's Office (SFMO). To update information submitted to SFMO, email FMLicensing@tdi.texas.gov. There may be a fee to update information held by SFMO.