



State Fire Marshal's Office

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

SF265 | 0625

Licensing Fee Exemption Application for Military Service

Instructions

- Print or type your information.
- To be completed by individuals applying for a new license only.
- Include all required documents as indicated in [Chapter 55 of the Texas Occupations Code](#).

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

First name	Middle name	Last name	Suffix
Date of birth (mm/dd/yyyy)		Social Security number ¹	
Email (required)			

2. Military service (Mark one)

- Military service member (Active duty) Military veteran (Retired)

Military service members and military veterans – must provide a copy of DD-214 (Member-4 or Service-2) and documentation that the applicant's military service, training, or education substantially meets all the requirements for the license.

- Military spouse (of military service member)

A military spouse (of a military service member) – must provide a copy of your military ID card, and documentation of current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for the Texas license.

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.

3. Signature

I verify that the information provided is true and correct. I understand that this is an official government record and that any false statement made on this application or other documents could result in criminal prosecution.

Applicant signature

Date

4. Send this completed form by mail or email to:

Mailing address

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

Email

FMLicensing@tdi.texas.gov

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.

For internal use only – fees waived

New license number

Waived fee amount