

Licensed Employee Termination Notice For All Types of Fire Alarm, Fire Extinguisher & Fire Sprinkler Licenses or Permits

This form should be completed and returned to the address below for any licensee who is to be terminated under a registered firm that is shown on his or her license.

LICENSEE INF	ORMATION			
Name				
	(Last)	(First)	(Middle)	
License numbe	r	Effective DATE of termination		
TO BE COMPL	ETED BY THE EMPLOYER			
I certify that this	s individual will not be an employee of	r agent of this firm on the e	ffective date shown above.	
Name of registered firm			Web site Addr:	
C of R. No.		E-	Mail Addr:	
Signature of au	thorized representative of firm:			
Signature			Date	
Printed name			Title	
Mailing Address:	State Fire Marshal's Office Mail Code 112-FM	Physical Address:	State Fire Marshal's Office	
	P. O. Box 149221		333 Guadalupe Street Austin, TX 78701	
	Austin, Texas 78714-9221	Fax No.	512-305-7922	
		Web site address:	www.tdi.texas.gov/fire	

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.texas.gov.