



LOUISIANA DEPARTMENT OF PUBLIC SAFETY
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

**LIFE SAFETY & PROPERTY PROTECTION
EMPLOYEE APPLICATION**

****ALL FEES ARE NON-REFUNDABLE****

****FIRMS ARE TO MAIL COMPLETED APPLICATIONS TO: LOUISIANA OFFICE OF STATE FIRE MARSHAL;
ATTN: SPECIAL SERVICES DIVISION; 8181 INDEPENDENCE BLVD.; BATON ROUGE, LA 70806**

TYPE OF APPLICATION:	<input type="checkbox"/> INITIAL (NEW OR REINSTATEMENT)	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> REVISION*
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TYPE OF REVISION:	<input type="checkbox"/> NEW ENDORSEMENT(S)	<input type="checkbox"/> CHANGE OF QUALIFIER	<input type="checkbox"/> CHANGE OF ADDRESS
	<input type="checkbox"/> CHANGING FIRMS	<input type="checkbox"/> REPLACEMENT OF ID (LOST, DAMAGED, ETC.)	

*Any revision of a license requires a replacement of the license certificate and thus a fee of \$20.00 shall apply.

APPLICANT NAME (FIRST, MIDDLE, LAST):			PREFERRED NAME / NICKNAME (IF ANY):		EMPLOYEE LICENSE NO.:		
DATE OF BIRTH:	RACE: <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> WHITE			GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		SOCIAL SECURITY NO.:	
DRIVER'S LICENSE NO.:	DL STATE:	HOME TELEPHONE:	CELL PHONE:		EMAIL ADDRESS:		
HOME ADDRESS:			CITY:		PARISH / COUNTY:	STATE:	ZIP:

NAME OF FIRM:				FIRM LICENSE NO.:			
FIRM PHYSICAL ADDRESS:			CITY:		PARISH / COUNTY:	STATE:	ZIP:
FIRM CONTACT PERSON:		CONTACT PERSON TELEPHONE:			FIRM EMAIL ADDRESS:		

NOTIFICATION OF CONSENT : Do you consent to the use of electronic transmissions or email to serve as official notice or communication with the Office of State Fire Marshal? <input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY				
BACKGROUND CHECK CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SID NO.:		INITIALS:	DATE:

FIRMS shall be responsible for mailing completed employee applications, along with the required attachments, photos, and fees to the address listed below, Attention: Special Services Division.

Firms **MUST** submit the following items with applications:

- Note: Employees' digital color photographs must be saved to a CD in JPG format and submitted with the application or the photographs can be emailed. The photographs are to show an individual employee's full face, with no sunglasses or hats and shall include the full name of the employee.
- A copy of employees' drivers' licenses.
- A company check or money order made payable to the Louisiana Office of State Fire Marshal must be included.
- If adding a new endorsement, a copy of the course certificate must be attached to the application.

NOTE: Qualifiers of ALL endorsement types MUST live within 150 miles of the firm that he/she qualifies.



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LICENSE ENDORSEMENTS

Name of employee: _____

OSFM License No. _____

Place a check (✓) on the **left** side of the endorsement (license) for which you are applying of renewing:

	LIFE SAFETY	INITIAL FEE	RENEWAL FEE
<input type="checkbox"/>	CONVEYANCE DEVICE INSPECTOR	\$100.00	\$50.00
<input type="checkbox"/>	CONVEYANCE DEVICE MECHANIC	\$100.00	\$50.00
<input type="checkbox"/>	DOT HYDROSTATIC TESTING	\$25.00	\$25.00
<input type="checkbox"/>	FIRE ALARM	\$50.00	\$50.00
<input type="checkbox"/>	FIRE ALARM (NON-REQUIRED)	\$50.00	\$50.00
<input type="checkbox"/>	FIRE ALARM (OWNER)	\$50.00	\$50.00
<input type="checkbox"/>	FIRE EXTINGUISHERS & HOSES	\$50.00	\$50.00
<input type="checkbox"/>	FIRE SPRINKLER INSPECTOR	\$100.00	\$50.00
<input type="checkbox"/>	FIRE SPRINKLER QUALIFIER	\$100.00	\$50.00
<input type="checkbox"/>	FIXED FIRE SUPPRESSION	\$50.00	\$50.00
<input type="checkbox"/>	KITCHEN SUPPRESSION	\$50.00	\$50.00
<input type="checkbox"/>	LIFE SAFETY APPRENTICE	\$50.00	\$50.00
<input type="checkbox"/>	PRE-ENGINEERED	\$50.00	\$50.00

	PROPERTY PROTECTION	INITIAL FEE	RENEWAL FEE
<input type="checkbox"/>	BANK AUXILLARY	\$100.00	\$50.00
<input type="checkbox"/>	BANK LOCKING	\$100.00	\$50.00
<input type="checkbox"/>	CLOSED CIRCUIT TV (CCTV)	\$100.00	\$50.00
<input type="checkbox"/>	DETENTION LOCKING	\$100.00	\$50.00
<input type="checkbox"/>	DOOR HARDWARE	\$100.00	\$50.00
<input type="checkbox"/>	DOOR HARDWARE CONSULTANT	\$100.00	\$50.00
<input type="checkbox"/>	GATE SYSTEMS	\$100.00	\$50.00
<input type="checkbox"/>	HOUSEHOLD FIRE	\$100.00	\$50.00
<input type="checkbox"/>	LOCKSMITH	\$100.00	\$50.00
<input type="checkbox"/>	PROPERTY PROTECTION APPRENTICE	\$50.00	\$50.00
<input type="checkbox"/>	PROPERTY PROTECTION SALES/DESIGN	\$100.00	\$50.00
<input type="checkbox"/>	SECURITY	\$100.00	\$50.00
<input type="checkbox"/>	SPECIAL LOCKING (ELECTRONIC LOCKING SYSTEMS)	\$100.00	\$50.00

QUESTIONS :

Have you ever been licensed with another agency or in another state for the same endorsement for which you are currently applying? YES NO
If yes, please explain:

Have you ever had any administrative or disciplinary action, in relation to your license, including but not limited to fines, warnings, suspensions or revocation taken against you by any federal, state or local authority? YES NO
If yes, please explain:

Have you ever been denied a license, for any reason, by any federal, state or local authority? YES NO
If yes, please explain:

(PROPERTY PROTECTION APPLICANTS ONLY) Have you ever been convicted of a felony, received a first time offender pardon for a felony or entered a plea of guilty or nolo contendere on any felony charged? YES NO
If yes, please explain:

NOTE: If additional space is needed to answer questions, please attach a separate sheet of paper.

8181 Independence Blvd. • Baton Rouge, LA 70806 • 1-800-256-5452 • (225) 925-4911 • www.lasfm.org



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CERTIFICATION

Name of employee: _____ OSFM License No. _____

1. I hereby certify that I have met the requirements for continuing education as established by the Life Safety and Property Protection Education Board.
2. I also certify and declare that I am a W-2 employee of the firm listed on this application and that all information contained in this application is true and correct.
3. I understand that any willful omission or falsification of pertinent information required on this application is justification for denial, administrative penalty, suspension, revocation, and/or criminal prosecution by the Office of State Fire Marshal.

PRINTED NAME OF EMPLOYEE

SIGNATURE OF EMPLOYEE

DATE OF HIRE

DATE OF SIGNATURE

SIGNATURE OF SUPERVISOR

DATE OF SIGNATURE

EMPLOYEE APPLICATION CHECKLIST

Name of employee: _____

OSFM License No. _____

NOTE: All licenses are to be renewed **BEFORE** the expiration date.

NOTE: If all items required to be submitted at the time of application are not included with the required fees, the application will be returned to the submitting firm for correction and resubmittal.

- All employees must be W-2 paid employees of the firm for which they work.
- Completed employee application with all information filled out, including full social security number and current email address of the employee.
- Signatures of employee and supervisor included in employee application must be in blue ink.
- Digital color photographs of employees on a CD in JPG format or a copy of the photograph may be emailed to our office. Hats or sunglasses are not allowed in the photograph. Please label the photographs with the employee's full name—no nicknames.
- Copy of current and valid drivers' licenses of employees to include the front and rear of the licenses.
- Copy of current NICET certificates, NAESA QEI card or certificates of completion results for all requirements of applicants and/or qualifiers.
- Fees paid via firm check or money order, if not already included with the firm application.
- ONLY NEW/INITIAL Property Protection firm** owners/principals and employees must send in a fingerprint card, background check form and **check in the amount of \$39.25 made payable to the Louisiana Department of Public Safety** for each background check. Also, employees that have been out of the industry for more than two (2) years or an employee adding a property protection endorsement for the first time must send in a fingerprint pack.

NOTE: Fingerprints are not required at renewal.

*** Please staple all pages of the employee application together with a copy of the employee's driver's license and course certificate(s).

*** Please paper clip the 2-page background check form, the fingerprint card and the fee check together.

REMINDER: Each employee **MUST** have 8 CEU's for annual renewal. For details, please refer to the LSPP Policy & Procedures Manuel located on our website. The certificates are to be kept on file with the firm. Individuals must obtain 50% of their continuing education hours from categories 1, 3, 4 or 6 of the approved continuing education courses and methods list. For information regarding endorsement requirements and continuing education units, please refer to our website listed above. (Click on Code Enforcement, then Licensing, then Complete Licensing Packet, then Training & Education Policy & Procedures for Certification for more information.