

Office of the State Fire Marshal Licensing Section 8181 Independence Boulevard, Baton Rouge, LA 70806 (225) 925-4911 1-800-256-5452 Fax (225) 925-3699 www.lasfm.org



LIFE SAFETY AND PROPERTY PROTECTION EMPLOYEE CANCELLATION NOTICE

This form should be completed and mailed to the address listed above or faxed for any employee who is to be cancelled under a registered firm that is shown on his or her license and the pocket ID for that employee is to be surrendered to this office along with this form.

FIRM INFORMATION:		
Name of Firm:		SFM License #
Firm's Physical Location:	Firm's Physical City:	State: Zip Code:
EMPLOYEE(S) TO BE TERM	INATED:	
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Name of Employee:		SFM License #
Signature of authorized represe	ntative of firm:	
		Date:
Print Name	Signature	