



JOHN BEL EDWARDS
GOVERNOR

Office of Louisiana State Fire Marshal

Code Enforcement and Building Safety

Department of Public Safety and Corrections
Public Safety Services



H. BUTCH BROWNING
STATE FIRE MARSHAL

DATE: December 3, 2018

TO: All Property Protection Contractors

FROM: Office of State Fire Marshal
Licensing Section

RE: Background Checks for Property Protection Endorsements
Employee(s) and Owner(s)/Principal(s)
Licensing Section Memo 2018

This is to advise that **all** property protection firm principals/owners and employees must provide this office with a fingerprint card for a background check. The fingerprint card must be completed by a local or state law enforcement agency. At the time of fingerprinting, the applicant must show current driver's license or picture identification to the law enforcement agent conducting the fingerprinting.

The fee for processing a fingerprint background check is **\$39.25** per person. Please make company check or money order payable to Department of Public Safety and submit to Office of State Fire Marshal, 8181 Independence Blvd, Baton Rouge, LA 70806 with your company check or money order, disclosure forms and fingerprint card.

Pay to the Order Only to:
Department of Public Safety (DPS)

Remittance Address:
Office of State Fire Marshal
Attn: Licensing Section
8181 Independence Blvd.
Baton Rouge, LA 70806

Attached is the application which must be completed for each individual and mailed with the licensing application to the Office of State Fire Marshal. Failure to do so within 14 days after receiving firm/employee license application will result in a Cease & Desist Order issued to your firm/employee(s).

PLEASE NOTE: You will obtain the fingerprint card from your local or state law enforcement agency at the time of fingerprinting and the agency may charge for this transaction.

Is Yours Working? Smoke Detectors Save Lives!
LOUISIANA STATE FIRE MARSHAL, LICENSING SECTION
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806
(225) 925-4911 FAX (225) 925-3699 1-800-256-5452

SUBMIT TO:

**Louisiana State Police
Bureau of Criminal Identification and Information
P. O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE. (Cashier Check, Business Check with pre-printed business name or Money Order)
**** FORMS MUST BE FILLED OUT IN INK AND BE REVIEW BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
******FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

******PLEASE PRINT******

Office of the State Fire Marshal

Attn: Licensing Section

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

8181 Independence Blvd.

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge

LA 70806

225-925-3814

CITY

STATE

ZIP

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

terry.langley@la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY/PUBLIC TAG AGENT |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> SCHOOL |
| <input checked="" type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | |
| <input type="checkbox"/> MEDICAL EXAMINERS | |
| <input type="checkbox"/> MENTAL HEALTH COUNSELORS | |

APPLICANT'S FULL NAME:

****PRINT – USE INK**** LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANT'S SIGNATURE:

APPLICANT'S SOCIAL SECURITY #:

DATE OF BIRTH:

ID OR DRIVER'S LICENSE #:

STATE:

RACE

SEX

POSITION OR LICENSE APPLIED FOR: Property Protection Owner/Principal or Employee License

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN# _____

SID# _____

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

**P. O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896**

LSPAPP3/R09.10

Office of the State Fire Marshal

AGENCY/BUSINESS OR INDIVIDUAL NAME

8181 Independence Blvd.

MAILING ADDRESS

Baton Rouge

LA

70806

CITY

STATE

ZIP CODE

NOTICE:

**PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME

DATE OF BIRTH

RACE

SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana’s criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW