



LOUISIANA DEPARTMENT OF PUBLIC SAFETY
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

**LIFE SAFETY & PROPERTY PROTECTION
FIRM APPLICATION**

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

****MAIL COMPLETED APPLICATION 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*
TYPE OF REVISION:	<input type="checkbox"/> NEW ENDORSEMENT(S)	<input type="checkbox"/> NEW QUALIFIER	<input type="checkbox"/> ADDRESS CHANGE
	<input type="checkbox"/> OWNERSHIP CHANGE	<input type="checkbox"/> FIRM NAME CHANGE	

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

NAME OF FIRM:		FIRM D/B/A (ONLY ONE ALLOWED):			FIRM LICENSE NO.:	
FIRM ADDRESS:		CITY:	PARISH / COUNTY:	STATE:	ZIP:	
FIRM MAILING ADDRESS:			CITY:	STATE:	ZIP:	
FIRM CONTACT PERSON:	FIRM EMAIL:	FIRM TELEPHONE:		FIRM FAX NO:		
FIRM AGENT OF SERVICE**:	ADDRESS:	CITY:	STATE:	ZIP:		

**For out-of-state life safety firms only. Property protection firms must maintain a physical office in Louisiana.

NOTIFICATION 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

LICENSE ENDORSEMENTS: PLACE CHECK (✓) ON THE LEFT SIDE OF THE ENDORSEMENT (LICENSE) FOR WHICH YOU ARE APPLYING OR RENEWING:

LIFE SAFETY		INITIAL FEE	RENEWAL FEE	PROPERTY PROTECTION		INITIAL FEE	RENEWAL FEE
<input type="checkbox"/>	CONVEYANCE DEVICE INSPECTIONS	NO FEE	N/A	<input type="checkbox"/>	BANK LOCKING	\$250.00	\$50.00
<input type="checkbox"/>	CONVEYANCE DEVICE MECHANICS	NO FEE	N/A	<input type="checkbox"/>	CLOSED CIRCUIT TV (CCTV)	\$250.00	\$50.00
<input type="checkbox"/>	DOT HYDROSTATIC TESTING	\$350.00	\$50.00	<input type="checkbox"/>	DETENTION LOCKING	\$250.00	\$50.00
<input type="checkbox"/>	FIRE ALARM	\$350.00	\$100.00	<input type="checkbox"/>	DOOR HARDWARE	\$250.00	\$50.00
<input type="checkbox"/>	FIRE ALARM (NON-REQUIRED)	\$350.00	\$50.00	<input type="checkbox"/>	DOOR HARDWARE CONSULTANT	\$250.00	\$50.00
<input type="checkbox"/>	FIRE ALARM (OWNER)	\$350.00	\$50.00	<input type="checkbox"/>	GATE SYSTEMS	\$250.00	\$50.00
<input type="checkbox"/>	FIRE EXTINGUISHERS & HOSES	\$350.00	\$150.00	<input type="checkbox"/>	HOUSEHOLD FIRE	\$250.00	\$50.00
<input type="checkbox"/>	FIRE SPRINKLER	\$500.00	\$250.00	<input type="checkbox"/>	LOCKSMITH	\$250.00	\$50.00
<input type="checkbox"/>	FIXED FIRE SUPPRESSION	\$350.00	\$100.00	<input type="checkbox"/>	SECURITY	\$250.00	\$50.00
<input type="checkbox"/>	KITCHEN SUPPRESSION	\$350.00	\$50.00	<input type="checkbox"/>	SPECIAL LOCKING+	\$250.00	\$50.00
<input type="checkbox"/>	PRE-ENGINEERED	\$350.00	\$100.00	+ELECTRONIC LOCKING SYSTEMS			

QUESTIONS:

Has your firm ever been licensed with another agency or in another state for the same endorsement(s) for which you are currently applying? YES NO

If yes, please explain:

Has your firm, owner, principal or officer ever been the subject of any administrative or disciplinary action(s), in relation to the firm license, including but not limited to fines, suspensions, revocations, or warnings issued by any federal, state or local authority? YES NO

If yes, please explain:

Has your firm, owner, principal or officer ever been denied a license by federal, state or local authorities for any reason at all? YES NO

If yes, please explain:

(PROPERTY PROTECTION APPLICANTS ONLY) Has any owner/officer been convicted of a felony, received a first-time offender pardon for a felony or entered a plea of guilty or nolo contendere to any felony charge? YES NO

If yes, please explain:

QUALIFYING EMPLOYEES OF FIRM:

Please fill out the name and license number of the designated qualifier for the firm next to each endorsement type. A qualifier is required for all endorsements held by the firm. A firm can have multiple qualifiers for each endorsement. Qualifiers for all endorsement types are required to live within 150 miles from the office in which he/she qualifies. The mileage shall be determined by a straight-line measurement. Any additional qualifiers can be added to a copy of this page.

LIFE SAFETY ENDORSEMENT	QUALIFIER NAME	LICENSE NUMBER
CONVEYANCE DEVICE INSPECTIONS		
CONVEYANCE DEVICE MECHANICS		
DOT HYDROSTATIC TESTING		
FIRE ALARM		
FIRE ALARM (NON-REQUIRED)		
FIRE ALARM (OWNER)		
FIRE EXTINGUISHERS & HOSES		
FIRE SPRINKLER		
FIXED FIRE SUPPRESSION		
KITCHEN SUPPRESSION		
PRE-ENGINEERED		

PROPERTY PROTECTION ENDORSEMENT	QUALIFIER NAME	LICENSE NUMBER
BANK LOCKING		
CLOSED CIRCUIT TV (CCTV)		
DETENTION LOCKING		
DOOR HARDWARE		
DOOR HARDWARE CONSULTANT		
GATE SYSTEMS		
HOUSEHOLD FIRE		
LOCKSMITH		
SECURITY		
SPECIAL LOCKING		



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OWNERSHIP OF FIRM

Check and complete the section below that applies to your firm. In the case of partnerships and corporations, all partners', principals' and officers' personal information must be provided. A principal is defined as one who holds an office in the corporation, is a board member or holds at least 5% interest in the firm.

TYPE OF FIRM OWNERSHIP:	<input type="checkbox"/> CORPORATION / LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL
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CERTIFICATION

I certify and declare that all information contained in this application is true and correct and that I have read and understood its contents. I also understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension and/or revocation of my firm's license and may subject me to criminal prosecution.

I hereby certify and declare that all employees of the firm are W-2 employees. I understand that any willful omission or falsification of pertinent information is justification for denial, suspension or revocation of the firm & employees' licenses by the Office of State Fire Marshal (R.S. 40:1664.6[A-H] and 1664.7[A-E]) and may subject me to criminal prosecution.

I hereby certify by signature below that I have not 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 charge. I also by signature below authorize the Office of State Fire Marshal to make a criminal records check using identifying information provided in this application and hereby waive any privacy interests in that information for the limited purposes of this application.

- ❖ Life Safety license endorsements are not subject to background checks.
- ❖ Also, include a copy of all principals' drivers' license.
- ❖ Signatures of all principals are required.
- ❖ Property Protection firms must have a physical office within Louisiana.

[PLEASE SIGN IN BLUE INK ONLY!](#)

****All principals MUST sign, date and MUST fill out ALL of the personal information. Also, include a copy of the principal's driver's license. All Owners, Partners, Officers, and/or Principals Must Sign.

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
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SIGNATURE OF PRINCIPAL:	DATE SIGNED:	OFFICE USE ONLY:	<input type="checkbox"/> BACKGROUND CHECK OBTAINED
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OWNERSHIP OF FIRM

(CONTINUED)

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		



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AFFIDAVIT OF EMPLOYEE QUALIFIER

Name of person making attestation: _____

Name of Firm: _____ OSFM Firm License Number: _____

Please indicate all endorsement(s) for which you will qualify for the firm.

LIFE SAFETY	PROPERTY PROTECTION
<input type="checkbox"/> CONVEYANCE DEVICE INSPECTIONS	<input type="checkbox"/> BANK LOCKING
<input type="checkbox"/> CONVEYANCE DEVICE MECHANICS	<input type="checkbox"/> CLOSED CIRCUIT TV (CCTV)
<input type="checkbox"/> DOT HYDROSTATIC TESTING	<input type="checkbox"/> DETENTION LOCKING
<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> DOOR HARDWARE
<input type="checkbox"/> FIRE ALARM (NON-REQUIRED)	<input type="checkbox"/> DOOR HARDWARE CONSULTANT
<input type="checkbox"/> FIRE ALARM (OWNER)	<input type="checkbox"/> GATE SYSTEMS
<input type="checkbox"/> FIRE EXTINGUISHERS & HOSES	<input type="checkbox"/> HOUSEHOLD FIRE
<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> LOCKSMITH
<input type="checkbox"/> FIXED FIRE SUPPRESSION	<input type="checkbox"/> SECURITY
<input type="checkbox"/> KITCHEN SUPPRESSION	<input type="checkbox"/> SPECIAL LOCKING
<input type="checkbox"/> PRE-ENGINEERED	

AFFIDAVIT

I hereby certify and declare that I am a paid employee of the firm listed above and I live within 150 miles of the office for which I qualify.

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my State Fire Marshal-licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of firm employees by routinely engaging in and regularly reviewing the daily life safety and/or property protection activity of the employees of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the _____ day of _____, 20____.

NAME OF QUALIFIER

NAME OF FIRM OWNER/OWNER REPRESENTATIVE

SIGNATURE OF QUALIFIER

SIGNATURE OF OWNER/OWNER REPRESENTATIVE



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VEHICLE REGISTRATION FOR OUT-OF-STATE FIRMS

Name of firm: _____

OSFM Firm License Number: _____

Marking of Vehicles Required

All service vehicles owned or operated by firms or their employees used for regulated activities, as defined by R.S. 40:1664.1 et seq., and/or pertinent administrative rules shall have the firm name and firm certificate number permanently inscribed, painted, stenciled or affixed by magnetic means on such vehicles. Such markings shall be a minimum of 2 1/2 inches in height and not less than 1/4 inch in width. Letters and numbers shall be on a contrasting background and be conspicuously seen from the outside of the vehicle.

Additional Requirements for Out-of-State Firms

Out-of-state firms shall include a list of all vehicles which enter this state to conduct regulated activities. The list shall include the year, make, model, state of registration, and license plate number of the vehicle(s).

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STATE	PLATE NUMBER

NOTE: Any additional vehicles can be added to a copy of this page.



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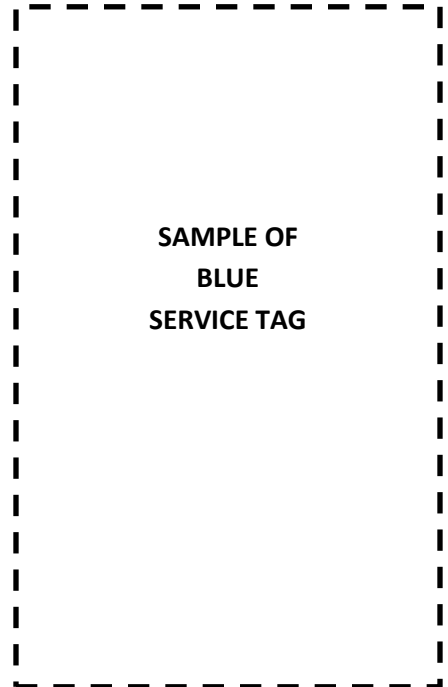
FIRM SERVICE TAGS

Name of firm: _____

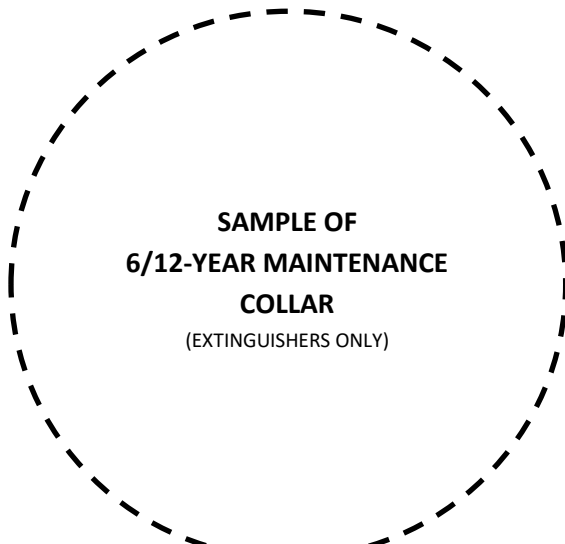
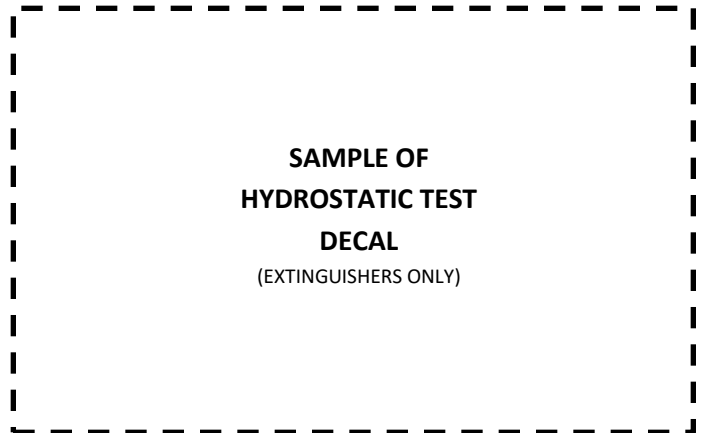
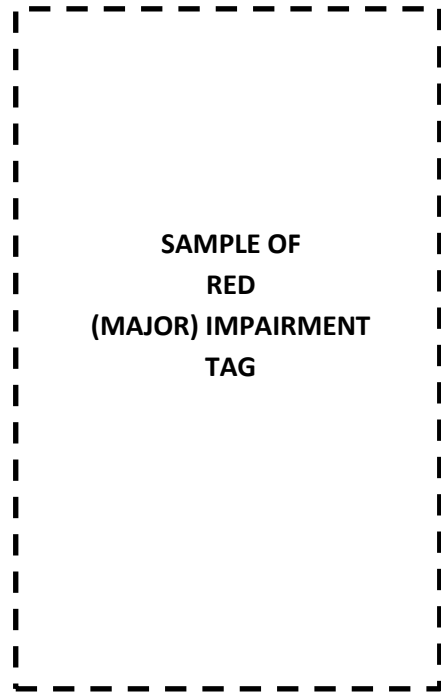
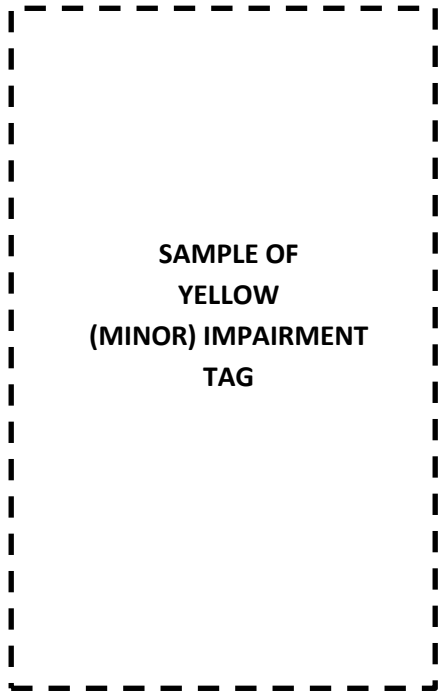
OSFM Firm License Number: _____

When submitting an application, all firms must provide a sample of each service tag (Green certification/installation; Blue service; Yellow [minor] impairment; Red [major] impairment) **OR** a clearly visible **COLOR PHOTOGRAPH** of the front and back of each tag, as well as the installation tag. In addition, firms endorsed to service fire extinguisher cylinders must provide a sample of the hydrostatic test decals and 6/12-year maintenance collar rings used.

STAPLE SAMPLE OF TAGS/DECALS/COLLARS BELOW:



STAPLE SAMPLE OF TAGS/DECALS/COLLARS BELOW:



LIFE SAFETY & PROPERTY PROTECTION FIRM APPLICATION

FIRM CHECKLIST

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.

- Completed firm application with current **email address** listed for the firm.
- Signatures of owners/principals on firm application in blue ink. **MUST** have full social security numbers, drivers' license numbers, license states and all information included and completed.
- \$500,000 general liability insurance certificate faxed or mailed from the insurance agency.
- Worker's compensation insurance certificate faxed or mailed from insurance agency.
- Copy of current and valid drivers' licenses of **ALL** owners/principals of the firm.
- Copy of current NICET and/or NAESA QEI certifications or certificates of completion results for all requirements of applicants and/or qualifiers.
- The qualifier of each endorsement must fill out an affidavit. It does **NOT** need to be notarized. All qualifiers **MUST** live within 150 miles of the firm office in which they qualify.
- Send only **ONE company check or money order**, made payable to the **Office of State Fire Marshal** for the firm and all employee applications (Please **DO NOT** staple check to application).
- ALL** firms shall submit an Acknowledgement of Firm Tagging Compliance.
- Vehicle registration for out-of-state fire protection & sprinkler firms (form attached to the application).
- ALL 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: Fingerprint cards are not required at license renewal.

All questions regarding this application should be directed to the Special Services Division
at one of the telephone numbers below.