



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services



BOBBY JINDAL
GOVERNOR

H. "BUTCH" BROWNING
STATE FIRE MARSHAL

Louisiana Arson Registry Registration Form

Pursuant to Act 796 of the 2010 Louisiana Legislative Session comprised of Title 15 of the Louisiana Revised Statutes 15:562 through 15:562.6

Offender Name (last, first and middle) _____

Aliases used by offender _____

Offender date of birth _____

Offender social security number _____

Offender sex _____

Offender race _____

*Current photograph of offender must be submitted

*Copy of offender driver's license or state identification card must be submitted

Physical Address of offender _____

*Two forms of proof of residence are required, including but not limited to a driver's license, bill for utility service, and bill for telephone service. If those forms of proof of residence are not available, the offender may provide an affidavit of an adult resident living at the same address. The affidavit shall certify that the affiant understands his obligation to provide written notice of residency.

Crime offender convicted of _____

Date of conviction _____

Place of conviction _____

Judicial District of conviction _____

Docket number of case(s) _____

"Is Yours Working"??

Smoke Detectors Save Lives!!

OFFICE OF THE STATE FIRE MARSHAL

8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806

(225) 925-4911 1-800-256-5452 (225) 925-3813 - fax

<http://sfm.dps.louisiana.gov/>

Specific statute of conviction(s) _____

Imposed sentence(s) _____

Telephone numbers, including fixed location phone and mobile phone numbers assigned to the offender or associated with any residence address of the offender.

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Description of vehicle(s) owned or driven by offender (make, model, year and color)

List all past or current employment, membership, or association with any public safety agency or emergency service organization

This form shall be printed, completely filled out, and brought by the offender to the Louisiana State Fire Marshal's Office for registration.