



BOBBY JINDAL  
GOVERNOR

## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

### Public Safety Services



H. BUTCH BROWNING  
STATE FIRE MARSHAL

DATE: April 13, 2012

TO: All Property Protection Contractors

FROM: Boyd Petty, DSFM Manager  
Licensing Section

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

This is to advise you 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 ONLY by a local or state law enforcement agency.**

**The fee for processing a fingerprint background check is \$42.50 per person. Please make company check or money order payable to "Department of Public Safety" and submit your fingerprint card along with your disclosure forms, as provided on SFM website, (www.lasfm.org) to Office of State Fire Marshal, 8181 Independence Blvd, Baton Rouge, LA 70806.**

**Make Check Payable Only to:**  
Department of Public Safety

**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 must obtain a fingerprint card from a local law enforcement agency at the time of fingerprinting and the agency may charge for this transaction.

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**

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

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

LSPAPP5/R10.03

**Office of the State Fire Marshal**

AGENCY

**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. AN  
INCOMPLETE FORM 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**

**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 \$16.50 FEE.

\*\* FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*

\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

**Office of the State Fire Marshal**

**Boyd Petty, DSFM 8**

**Attn: Licensing Section**

FACILITY OR AGENCY

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

**8181 Independence Blvd.**

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

**Baton Rouge**

**LA**

**70806**

**225-925-7047 or 225-925-7046**

**boyd.petty@dps.la.gov**

CITY

STATE

ZIP

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- CASA
- CONCEALED HANDGUNS
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF LABOR
- EMPLOYERS
- FIREFIGHTERS
- FIRE MARSHAL
- GAMING
- HEALTH CARE PROVIDER
- JUVENILE DETENTION CENTER
- DEPARTMENT OF INSURANCE
- MANUFACTURED HOUSING
- MEDICAL EXAMINERS
- OCS ABUSE/NEGLECT INVESTIGATION
- OCS CARETAKER
- OCS FOSTER/ADOPTIVE
- OCS PERSONNEL

- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POST SECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIVERBOAT PILOTS
- SCHOOL
- SENATE AND GOVERNMENTAL AFFAIRS
- TAXI DRIVERS
- USED MOTOR VEHICLE COMMISSION
- VENDOR
- VOLUNTEERS W/YOUTH SERVING ORG
- WORKING WITH CHILDREN
- AUTHORIZED AGENCY

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:

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.