



BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services



H. BUTCH BROWNING
STATE FIRE MARSHAL

DATE: July 18, 2014

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 1-2011

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 \$42.50 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

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!!
OFFICE OF THE STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(225) 925-4911 1-800-256-5452

ATN# _____

SID# _____

<p>APPLICANT PROCESSING – DISCLOSURE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION P. O. BOX 66614 (MAIL SLIP A-6) BATON ROUGE, LA 70896</p>
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

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. (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
8181 Independence Blvd.

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

Baton Rouge

LA 70806

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- BEHAVIOR ANALYST BOARD
- BOARD OF EXAMINERS OF PSYCHOLOGIST
- BOARD OF NURSING HOME ADMINISTRATORS
- CASA
- COURT ORDER ADOPTION
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DCFS ABUSE/NEGLECT INVESTIGATION
- DCFS CARETAKER
- DCFS FOSTER/ADOPTIVE
- DCFS PERSONNEL
- EMPLOYERS
- FIREFIGHTERS
- FIRE MARSHAL
- GAMING
- HEALTH CARE PROVIDER (Non Licensed)
- JUVENILE DETENTION CENTER
- LA BOARD CHIROPRACTIC EXAMINERS
- LA PHYSICAL THERAPY BOARD
- LA STATE BOARD SOCIAL WORK EXAMINERS
- MEDICAL EXAMINERS
- MENTAL HEALTH COUNSELORS

- OFFICE OF FINANCIAL INSTITUTIONS
- OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
- OMVE – EMPLOYEE ISSUING COMMERCIAL DL
- OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
- OMVT – AUTO TITLE COMPANY/PUBLIC TAG AGENT
- PHARMACY BOARD
- POST SECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- REGISTERED NURSING
- RELIGIOUS ACTIVISTS
- RIGHT TO REVIEW
- SCHOOL
- SUPREME COURT COMMITTEE BAR ADMISSION
- TAXI DRIVERS
- TESS WINDOW TINT
- USED MOTOR VEHICLE COMMISSION
- VOLUNTEER LOUISIANA COMMISSION
- WORKING WITH CHILDREN

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.