



BOBBY JINDAL
GOVERNOR

Office of the State Fire Marshal Licensing Section
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H. BUTCH BROWNING
STATE FIRE MARSHAL

LIFE SAFETY AND PROPERTY PROTECTION
LICENSING SECTION

EMPLOYEE CANCELLATION NOTICE

This form should be completed and mailed to the address listed above or faxed for any employee who is to be cancelled under a registered firm that is shown on his or her license and the pocket ID for that employee is to be surrendered to this office along with this form.

FIRM INFORMATION:

Name of Firm:	SFM License #		
Firm's Physical Location:	Firm's Physical City:	State:	Zip Code:

EMPLOYEE(S) TO BE TERMINATED:

Name of Employee:	SFM License #
Name of Employee:	SFM License #
Name of Employee:	SFM License #
Name of Employee:	SFM License #
Name of Employee:	SFM License #
Name of Employee:	SFM License #

Signature of authorized representative of firm:

_____/_____ **Date:** _____
Print Name Signature