



BOBBY JINDAL
GOVERNOR



H. BUTCH BROWNING
STATE FIRE MARSHAL

LIFE SAFETY AND PROPERTY PROTECTION EMPLOYEE APPLICATION

Place a check () next to the type of application applying for:

() **Initial** (Fees on 2nd Page) () **Revision** (\$20.00) () **Renewal** () **Duplicate** (\$20.00)
(New or reinstatement) (Change in existing information) (Fees on 2nd Page) (To replace lost license)

SFM Employee License #

PLEASE PRINT ALL AND SIGN IN BLUE INK ONLY

Applicant's First Name		Applicant's Middle Name		Applicant's Last Name	
Applicant's Physical Home Address			City		State Zip
Area Code & Home Phone Number ()		Applicant's E-Mail Address		Date of Birth / /	
Social Security Number --- ---	Race	Gender (<input type="checkbox"/>) Male (<input type="checkbox"/>) Female		Driver's License Number	State
Has applicant ever been convicted of a felony? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No (This information is only for Property Protection Licenses) If yes, please explain:					
Firm's Name		Firm's Contact Person		SFM Employer License#	
Firm's Physical Address				Firm's Contact Phone Number	

For Office Use Only

Receipt # ()	Date ()	Amount ()	Quantity ()
Test Score Fire ()	Test Score Locksmith/CCTV ()	Driver's License ()	
2 Pictures ()	Signatures ()	Affidavit ()	
Background Check ()	Date ()	Initials ()	SID # ()
Comments:			

Please mail completed application, along with the proper attachments, photos and fees to:

Office of the State Fire Marshal, 8181 Independence Blvd., Baton Rouge, LA 70806
225-925-4911 or 800-256-5452 www.dps.louisiana.gov/sfm/



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS



Public Safety Service

**AFFIDAVIT FOR FIRE ALARM,
FIRE SUPPRESSION OR FIRE SPRINKLER QUALIFIERS**

State of Louisiana

Parish of _____

BEFORE ME, the undersigned Notary Public PERSONALLY CAME AND APPEARED:

(Name of Qualifier)

(Signature of Qualifier)

Who, after being duly sworn, did state as follows: I hereby certify and declare that I am a paid employee (working a minimum of 32 hours per week) of:

(Name of Firm)

and furthermore, shall not be affiliated with any other company in my fire marshal licensed capacity as long as I am employed by the aforementioned firm. I will primarily and actively engage in integrating and direct supervising the certification, inspection, installation and servicing of those fixed fire extinguishing, fire alarm and/or sprinkler systems that the above firm designs, sell, installs and services as long as I am employed as the aforementioned firm's qualifying employee.

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

_____, No. _____

(NOTARY PUBLIC)