



BOBBY JINDAL
GOVERNOR

Office of the State Fire Marshal Licensing Section
8181 Independence Boulevard, Baton Rouge, LA 70806
(225) 925-4911 1-800-256-5452 Fax (225) 925-3699
www.dps.louisiana.gov/sfm/



H. BUTCH BROWNING
STATE FIRE MARSHAL

LIFE SAFETY AND PROPERTY PROTECTION
FIRM APPLICATION

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

() Initial (Fees Below) () Revision (\$20.00) () Renewal () Duplicate (\$20.00)
(New or reinstatement) (Change in existing information) (Fees Below) (To replace lost license)

PLEASE PRINT ALL & SIGN IN BLUE INK ONLY

Name of Firm:		SFM License #	
Firm's Physical Location:		Firm's Physical City:	State: Zip Code:
Firm's Mailing Address:		Firm's Mailing City:	State: Zip Code:
Firm's E-Mail Address:	Firm's Phone Number:	Firm's Phone Number:	Firm's Fax Number:
Name of Firm's Contact Person:		Firm's Parish of Physical Location:	
Firm's Agent of Service and Address:			
Firm's Designated Qualifier(s)			

Place a check (✓) by the type of endorsement (license) for which you are applying or renewing:

Check Here	PROPERTY PROTECTION	Initial Fee	Renewal Fee	Check Here	LIFE SAFETY	Initial Fee	Renewal Fee	
	Locksmith	\$250	\$50		Fire Sprinkler	\$500	\$250	
	Security	\$250	\$50		Fixed Fire Suppression	\$350	\$100	
	Specialty Endorsement --				Fire Alarm	\$350	\$100	
	Limited Locksmith	\$250	\$50		Fire Extinguishers & Hoses	\$350	\$150	
	Door Hardware	\$250	\$50		DOT Hydrostatic Testing	\$350	\$50	
	Bank Locking	\$250	\$50		Specialty Endorsement --			
	Detention Locking	\$250	\$50		Pre-Engineered	\$350	\$100	
	Closed Circuit TV	\$250	\$50		Kitchen Suppression	\$350	\$50	
	Household Fire	\$250	\$50		Fire Alarm (non-required)	\$350	\$50	
					Fire Alarm Owner	\$350	\$50	
	Revision Fee	\$20	For: Name & Address Change, Principal/Officers & Qualifier's Change, Adding New Endorsements (ex: \$20 + \$350 Total \$370)					
	Duplicate Fee	\$20	To replace lost license.					

For Office Use Only

Receipt # ()	Date ()	Amount ()	Quantity ()
Occupational License () Insurance () Worker's Comp () Affidavit () Background Check Principal ()			
Comments:			

You MUST read before filling out the Firm's and Employee's Applications.

This is your item check list: If items are not checked, the firm's & employee's applications are subject to being returned and thereby delaying the process of your application and subject to late fees.

Reminder---Make sure all Firm's & Employee's Applications are signed and have the necessary signatures signed in blue ink.

*****Note***Changes in physical address, endorsements, or ownership require the completion of a new application form & new fees will apply, if not done at renewal.**

Equipment needed for Life Safety endorsements---Please reference Rules L.A.C. 55:V:3053.

*******(See website www.dps.louisiana.gov/sfm/ for blank application.) Please read the Laws & Rules for any additional licensing requirements.**

******* Also, submit Employees digital pictures on CD (disk) for pocket ID in JPG format.**

Please place a check by each item and return with packet, acknowledging that the items are included in firm's packet that is being submitted to the Office of State Fire Marshal for processing the firm's & employee's applications. If renewing, please include a copy of the renewal notice.

Firm: (Items that must be submitted) Must submit the following items with application: Reminder--- Make sure all Firm's & Employee's applications are signed and have the necessary signatures signed in blue ink.

____ 1. If the firm is located in the state of Louisiana, provide a current Occupational License from either the parish or city in which the firm is located.

____ 2. General Liability & Worker's Compensation insurance certificate MUST be faxed(225-925-3699) or mailed to this office by your insurance agent. The Insurance Certificate MUST note in the description of operations: "Life Safety & Property Protections & MUST have the current physical address of the firm. If the owner(s) is the only employee(s), the firm does not need to carry worker's comp.

____ 3. All principals must provide the information requested at the bottom of application on page 4 and sign and date the form. You MUST also send a copy of driver's license for each principal. (For Property Protection firms, by signing this form you authorize the fire marshal's office to conduct a criminal records background check.)

____ 4. Submit **only one** company check or money order with both the Firm & Employee applications and **do not staple check to the paperwork**. The check or money order shall be made payable to Office of the State Fire Marshal & must be included with the application(s) submitted.

____ 5. Include all required qualifier certifications and notarized affidavits for your qualifiers with the application. This means the following:

If your firm is applying or renewing, the endorsements for Fire Sprinkler Designer (NICET Level III Sprinkler Layout & Design), Fire Sprinkler Inspector (Provisional or NICET Level I in Inspection & Testing of Water Based Systems), Fire Alarm Required (NICET Level III Fire Alarms), and Fixed Fire Suppression (NICET Level III Special Hazards) the firm must include a current NICET certificate & a signed & notarized affidavit for qualifier. If your firm has a DOT Hydrostatic Testing endorsement, must submit your current U.S. DOT certification.

____ 6. Qualifiers of All endorsement types MUST live within 150 miles of the firm that he qualifies. (Property Protection office must be located in the State of Louisiana)

Employee: (Items that must be submitted)

____ 7. Note****Current Employee's digital color photograph must be saved to a CD Disk in JPG format and submitted with the application. The employee's photograph is to show their whole face. Note: Photos with sunglasses, hats, etc. will not be accepted.

____ 8. MUST Submit a copy of the Employee's driver's license.

____ 9. Fire Sprinkler Inspector applying or renewing must submit (a copy of the written modules that he/she has passed for the following) for the 1st year of renewal (NICET Level 1 Inspection & Testing of Water Based Systems or one of the courses listed in the memo dated 03/12/08 on our website), in the 2nd year of renewal (NICET Level II Inspection & Testing of Water Based Systems).

Please fill out the name and address of the designated qualifier for the firm for each endorsement type. *****Note***** A firm can have multiple qualifiers for each endorsement.

NOTE: The designated qualifier for all endorsements types **MUST** live within 150 miles from the office in which he/she qualifies. Any additional qualifiers can be added to the back of this page. **Definition of a qualifier:** means a person who possesses the appropriate training or experience credentials enabling a firm to obtain a life safety and property protection license.

Name	Address	Phone Number	Type of Endorsement
1.			
2.			
3.			
4.			
5.			

Name of Monitoring Stations to be used:

1. Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

2. Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

3. Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Ownership of Firm:

Check and complete the section below that applies to your company. In the case of partnerships and corporations, all partners, principals and officers personal information must be shown. A principal is defined as one who holds an office in the corporation, is a board member or holds at least 5% interest in the company.

Place a check (✓) next to the type of firm’s Ownership:

() Corporation/LLC

() Partnership

() Individual

CERTIFICATION

I certify and declare that all information contained in this application is true and correct and that I have read and understood its contents. I also understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension and/or revocation of my firm’s license.

I hereby certify by signature below that I have not been convicted of a felony, received a first time offender pardon for a felony or entered a plea of guilty or nolo contendere on any felony charge. I also by signature below authorize the Office of the State Fire Marshal to make a criminal records check using identifying information provided in this application and hereby waive any privacy interests in that information for the limited purposes of this application.

- ❖ Life Safety license endorsements are not subject to background checks.
- ❖ Also, include a copy of all principals driver’s license.
- ❖ Signatures of all principals are still required.

PLEASE SIGN IN BLUE INK ONLY!

****All principals must sign & date and if the firm holds a Property Protection endorsement, MUST also fill out all of the personal information. Also, include a copy of principal’s driver’s license. For more than (3) principals, please use the back of this sheet.*****

Principal (Print Name)							
Signature							
Date of Signature							
SSN							
Date of Birth							
Driver’s Lic. #							
Race/Gender							
Office use only: Background Check							

**❖ All Owners, Partners, Officers and/or Principals Must Sign.
Additional signatures can be made on back of this sheet of paper.**



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)