

## OFFICE OF THE STATE FIRE MARSHAL



## **EMPLOYEE CERTIFICATION SIGNATURE PAGE**

| Name of Employee:  |                                   |   |                           |  |
|--|-----------------------------------|---|---------------------------|--|
| Name of Firm:  |                                   | License #                               | License #                 |  |
| <b>1. I hereby affirm</b> that I have met the reProtection Advisory Board.                 | equirements for continuing educa- | ation as established by the Life Safet  | y and Property            |  |
| 2. I hereby certify and declare that I am in this application is true and correct.         | a W-2 paid employee of the fir    | m listed on this application and that a | all information contained |  |
| <b>3.</b> I understand that any willful omission administrative penalty, suspension, revoc |                                   |   |                           |  |
| *PLEASE SIGN IN BLUE INK ONLY*   |                                   |   |                           |  |
| Print Employee's Name  |                                   |   |                           |  |
|  |                                   |   |                           |  |
| Employee's Signature   | Date of Hire                      | Date of Signature                       |                           |  |
|  |                                   | /                                       |                           |  |
| Supervisor's Signature   |                                   | Date of Signature                       |                           |  |

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