

## How to Renew or Revise a License Online Through IMS

If you only want to view the firm and employee's information, follow the directions to Register as a first time user and establish a login ID, password and obtain a PIN, then follow the directions on page 4 of this document to view the firm information.

Before going online, make sure that you have the following items scanned into your computer and ready to upload when you start the process:

1. Owner's signature page
2. Owner's driver's license
3. Copy of the firm's tags
4. Affidavit for the Qualifier
5. Certification for Qualifier
6. Have your insurance agent email or fax a current General Liability and Worker's Comp insurance certificate
7. Employee signature page for each employee
8. Employee driver's license
9. Employee certification (course taken to receive a license, not CEU's)
10. Employee photo

In order to renew online, you will need to go to our website: [www.lasfm.org](http://www.lasfm.org) and look for the blue box at the bottom of the home page that says: Click Here to access the OSFM-IMS.



Once you click on that box, you will find a login box. You will need to click on "First Time User Register Here"

Then you will fill in the User Information and click on Register. You will need to have access to your firm's email address that we have on file.

### User Information

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>Middle Name</b> <input type="text"/>	<b>Suffix</b> <input type="text"/>
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**Address:**  
*Enter the Street Address and then ZIP Code to look up City and State.  Out of Country*

Street Address:

ZIP Code:   Parish/County:  City:  State:

**Select your Login ID**  
(should be 4-15 characters in length and can contain only alphabets, period and numbers.)

**Phone**

**Are you a Louisiana licensed Architect, Engineer or Contractor?**

i. Architect  ii. Engineer  iii. Contractor  iv. None of the above

<b>Email</b> <input type="text"/>	<b>Verify Email</b> <input type="text"/>
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### Security Questions

1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

*Type the code from the image. Image code at the bottom is not case sensitive.*

Once you submit the User Information, you will be sent an email from [noreply.lasfm@la.gov](mailto:noreply.lasfm@la.gov) with OSFM Account Registration in the subject line. The email will look like this:

Thank you for registering with OSFM-Information Management System . Your Login ID is (the login you created) and temporary Password is **e5L1EgWo8**

[Click here to go to OSFM-Information Management System](#)

IT Group  
8181 Independence Blvd. Baton Rouge, LA 70806  
Customer Service: (225) 925-4911 / Fax: (225) 925-4414

Autogenerated by LDPS VP Server. This e-mail transmission may contain information that is proprietary, privileged and/or confidential and is intended exclusively for the person(s) to whom it is addressed. Any use, copying, retention or disclosure by any person other than the intended recipient or the intended recipients designees is strictly prohibited. If you have received this message in error, please notify the sender immediately by return e-mail and delete all copies.

When you click here to go to OSFM-Information Management System, then you will return to the login area. Next, type in your Login ID and the temporary Password that was emailed to you. As soon as you click on Login, then you will see the following come up prompting you to change your password:

**My Account** Home

Your password has expired. Please change the password to proceed.

Please select the checkbox next to the section you wish to edit.

**Change Password**

Enter Previous or Temporary Password:

Note: Temporary Password can be found in your recent email notification.

Enter New Password:

Verify New Password:

**§ Password Requirements**

- Must be at least between 8 to 15 characters
- Must contain at least one lower case letter, one upper case letter, one digit and one special character, space is not allowed
- Valid special characters are @\$%&+=,;,-\_

Save Password

Once you change your password, you will see this: and you will receive an email notification

**My Account** Home

New Password Saved

Please select the checkbox next to the section you wish to edit.

**Change Password**

**Select Security Questions**

**Change User Information**

Now you will click on Home in the upper right hand corner and a box with the question, “What would you like to do?” will appear. For Licensing, you would click on the 3<sup>rd</sup> response which is “Apply for or Renew a LICENSE or REGISTRATION”

**What would you like to do?**

Click on or move the cursor over the icon beside each option to get a definition of the term.

- Submit or Access a Construction Project or PLAN REVIEW**
- Request an INSPECTION**
- Apply for or Renew a LICENSE or REGISTRATION**
- Request a STICKER or DECAL**
- Submit a MONTHLY REPORT or DISPOSITION REPORT**
- Submit a BURN INJURY REPORT or ARSON REGISTRY FORM**
- File a COMPLAINT**
- Pay an INVOICE**
- Edit/View MY ACCOUNT**
- Search Licenses & Registrations**

Once you click on “Apply for...” this will appear: and you will need to click on the first item on the left side that says “Life Safety and Property Protection (LSPP)”

For Plan Review (including LSUCC reviews), please click Home and select Option 1 'Submit or Access a Construction Project or Plan Review'.

Select Category:

Click on or move the cursor over the *i* icon beside each option to get a definition of the term.

- i* Life Safety and Property Protection (LSPP)
- i* Louisiana Uniform Construction Code Council (LSUCCC)
- i* Pyrotechnic Operator
- i* Pyrotechnic Display Permit
- i* Fireworks Permits
- i* Amusement Rides & Air Inflatables
- i* NAARSO Commissioned Inspectors
- i* Boiler Commissioned Inspectors
- i* Boiler Installation Permit
- i* License to Install Boilers
- i* Fire Safe Cigarette Manufacturer
- i* Industrialized Building
- i* Manufactured Housing

Next you will see this at the bottom of the page.

Do you wish to Apply for:  Initial/New  Print Application  Renewal  Revision

Once you have chosen an option, you will need to enter your firm's license number and click on the words "Request PIN".

Do you wish to Apply for:  Initial/New  Print Application  Renewal  Revision

Enter License Number and PIN to access the License. If you do not have a PIN, Please click on 'Request PIN' link to receive the PIN to the email address on file for this License.

Enter Firm License Number:  Enter PIN:  [Request PIN](#)

When you request a PIN, it will then ask for the Email address (enter the firm's email address). Then click on Email PIN.

Do you wish to Apply for:  Initial/New  Print Application  Renewal  Revision

Enter License Number and PIN to access the License. If you do not have a PIN, Please click on 'Request PIN' link to receive the PIN to the email address on file for this License.

Enter Firm License Number:  Enter PIN:  [Request PIN](#)

Enter the Email address on record for the above number and click on the 'Email PIN' link to receive the new PIN:

[Email PIN](#)

The PIN will be emailed to you and you will see this message in the box.

Do you wish to Apply for:  Initial/New  Print Application  Renewal  Revision

Enter License Number and PIN to access the License. If you do not have a PIN, Please click on 'Request PIN' link to receive the PIN to the email address on file for this License.

[PIN sent to email address on file.](#)

Enter Firm License Number:  Enter PIN:  [Request PIN](#)

Once you have received the PIN, then enter the firm license number and PIN and click on Renewal or Revision, then Edit to get started. If you only want to view the firm and employees information, then click on Print Application, enter license number & PIN and click Print. This is what you will see:



# Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806  
(225) 925-4911 (800) 256-5452 Fax (225) 925-4414



Jon Bel Edwards  
GOVERNOR

H. "Butch" Browning  
FIRE MARSHAL

## LIFE SAFETY AND PROPERTY PROTECTION FIRM REPORT

Initial  Renewal  X Revision

Name of Firm TRADER JOE'S		D/B/A Name		Name of Firm's Contact Person JOE	
Firm Ownership Type CORPORATION		SFM License # F2149	Issue Date 9/13/2017	Expiration Date 9/1/2018	Next Payment Date 9/1/2018

General Liability Expiration 12/7/2019	Worker's Compensation Expiration 12/7/2019	DOT Certification Number	DOT Certification Expiration
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Firm's Phone Number (225) 925-0000	Firm's Alt. Phone Number	Firm's Fax Number	Firm's Email KAREN.MERRITT@LA.GOV
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Firm's Agent of Service Last Name	First Name	Middle Name
Agent of Service's Address	City	State Zip Code
Firm Name	Phone Number	

Firm's Physical Location:			
Street Address 567 STREET			
Parish EAST BATON ROUGE	City BATON ROUGE	State LA	Zip Code 70806

Firm's Mailing Address:			
567 STREET			
Parish EAST BATON ROUGE	City BATON ROUGE	State LA	Zip Code 70806

Endorsements	
Security	Property Protection Endorsements
Fire Alarm	Life Safety Endorsements

Questionnaire:	
1 Has your firm ever been licensed with another agency or in another state for the same endorsement(s) for which you are currently applying?	N
2 Has your firm, owner, principal, or officer ever had any administrative or disciplinary action, in relation to the firm's license (including but not limited to a fine, warning, suspension or revocation), taken against it by any federal, state or local authority?	N
3 Has your firm, owner, principal or officer ever been denied a license, for any reason, by federal, state, or local authority?	N
4 Have any owners or officers 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 charged?	N

Employee Roster					
Name	Last 4 digits of SSN	DOB	Gender	License Number	Endorsements
FRANK L JONES	4222	1/2/1990	M	E17532	Fire Alarm, Security Technician
GATOR L FROGMAN	7654	10/1/1954	M	E17535	Fire Alarm, Security Technician
JOE L SCHMACHATELLIE JR	4321	8/8/1988	M	E17534	Fire Alarm, Security Technician
JOE L SCHMACHATELLIE SR	4123	1/1/1968	M	E17533	Fire Alarm, Security Technician

Ownership Information			
Name	Last 4 digits of SSN	DOB	Gender
JOE L SCHMACHATELLIE JR	4321	8/8/1988	M

Qualifiers				
Name	Last 4 digits of SSN	DOB	Gender	Qualifying Endorsements
JOE L SCHMACHATELLIE JR	4321	8/8/1988	M	Fire Alarm, Security

If you are renewing your firm’s license, then you would click on “Renewal”. If you are adding an employee or adding a new endorsement or need to change an owner or address or any other information, then you would click on “Revision”, then click on Edit.

The next screen to appear will look like this. This is where you will check off the endorsement(s) of the firm.

**Select Endorsements**

Please select each license endorsement for which you are applying.

**Life Safety Endorsements**

*Click on or move the cursor over the **i** icon beside each option to get a definition of the term.*

<b>i</b> <input type="checkbox"/> Fire Sprinkler	<b>i</b> <input type="checkbox"/> Fire Alarm	<b>i</b> <input type="checkbox"/> Fire Alarm (Non-Required)
<b>i</b> <input type="checkbox"/> Fire Alarm (Owner)	<b>i</b> <input type="checkbox"/> Fixed Fire Suppression	<b>i</b> <input type="checkbox"/> Pre-Engineered
<b>i</b> <input type="checkbox"/> Kitchen Suppression	<b>i</b> <input type="checkbox"/> Fire Extinguishers & Hoses	<b>i</b> <input type="checkbox"/> DOT Hydrostatic Testing

**Property Protection Endorsements**

<b>i</b> <input type="checkbox"/> Security	<b>i</b> <input type="checkbox"/> CCTV/Camera	<b>i</b> <input type="checkbox"/> Household Fire
<b>i</b> <input type="checkbox"/> Locksmith	<b>i</b> <input type="checkbox"/> Door Hardware	<b>i</b> <input type="checkbox"/> Door Hardware Consultant
<b>i</b> <input type="checkbox"/> Bank Locking	<b>i</b> <input type="checkbox"/> Detention Locking	<b>i</b> <input type="checkbox"/> Special Locking (Electronic Locking Systems)
<b>i</b> <input type="checkbox"/> Gate Systems	<b>i</b> <input type="checkbox"/> Limited Security	<b>i</b> <input type="checkbox"/> Vehicle Camera
<b>i</b> <input type="checkbox"/> Limited Locksmith	<b>i</b> <input type="checkbox"/> Automatic Door Opening	<b>i</b> <input type="checkbox"/> Bank Auxiliary

Once you have checked off the endorsement(s), then click on the forward arrow at the bottom of the page.



Next, you will come to the Firm Information page. Please fill out all information.

**Firm Information**

<b>Name of Firm</b> <input type="text"/>	<b>D/B/A Name</b> <input type="text"/>	<b>Business Organization Type:</b> <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Individual
<b>Contact Person</b> <input type="text"/>	<b>Firm Email</b> <input type="text"/>	<b>Verify Firm Email</b> <input type="text"/>
<b>Phone</b> <input type="text"/>	<b>Alt. Phone</b> <input type="text"/>	<b>Fax</b> <input type="text"/>

**Physical Address:**  
*Enter the Street Address and then ZIP Code to look up City and State.*  **Out of Country**

Street Address:

ZIP Code:   Parish/County:  City:  State:

**Mailing Address Same as Physical Address:**  Yes  No

The next screen is the Firm Questionnaire.

**Firm Questionnaire**

1 Has your firm ever been licensed with another agency or in another state for the same endorsement(s) for which you are currently applying?  Yes  No

If yes, please explain:

2 Has your firm, owner, principal, or officer ever had any administrative or disciplinary action, in relation to the firm's license (including but not limited to a fine, warning, suspension or revocation), taken against it by any federal, state or local authority?  Yes  No

If yes, please explain:

3 Has your firm, owner, principal or officer ever been denied a license, for any reason, by federal, state, or local authority?  Yes  No

If yes, please explain:

4 Have any owners or officers 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 charged?  Yes  No

If yes, please explain:

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The next screen is the Employee Roster. To edit or renew an employee, click on the pencil to the right of their name to edit. To upload any documents, click on the paper clip. If you want to cancel an employee, then click on the X in the red circle.

**Employee Roster**

To add an employee to the firm's roster, Enter the SSN of the Employee and click on the 'Add' Button. Please add all employees, including qualifiers.

Employee's Social Security Number:  Date of Birth:

Add
Clear

Click on the icon to Edit Details; icon to upload documents; icon to delete the Employee in the Grid below.

Name	SSN	DOB	SFM License/Registration No.	Status	
FRANK L JONES	###-##-4222	1/2/1990		Incomplete	
JOE L SCHMACHATELLIE JR	###-##-4321	8/8/1988		Incomplete	
JOE L SCHMACHATELLIE SR	###-##-4123	1/1/1968		Incomplete	

When you click on the pencil, then the Select Endorsements page appears.

**Select Endorsements**

Please select each license endorsement for which you are applying.

**Life Safety Endorsements**

Click on or move the cursor over the icon beside each option to get a definition of the term.

Fire Alarm
  Fire Alarm (Non-Required)
  Life Safety Apprentice

**Property Protection Endorsements**

Security Technician
  CCTV/Camera
  Household Fire

Special Locking (Electronic Locking Systems)
  Property Protection Sales/Design
  Property Protection Apprentice

Limited Security
  Vehicle Camera

Copy of Employee's current training certificate(s) Upload

>>

Then the Personal Information page appears.

**Personal Information**

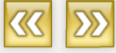
Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Race	
<input type="text" value="08/08/1988"/>	<input type="text"/>	<input type="text"/>	
Email:		Verify Email:	
<input type="text"/>		<input type="text"/>	
Driver's License Number	Driver's License State	Phone	
<input type="text"/>	<input type="text"/>	<input type="text" value="( )_-_-"/>	

**Physical Home Address:**  
Enter the Street Address and then ZIP Code to look up City and State.  Out of Country

Street Address:

ZIP Code:   Parish/County:  City:  State:

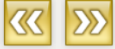
Attach Color Photograph of the Individual Taken Within 30 Days Prior to Filing of Application: [Upload Photograph](#)



Next you will see the Employee Questionnaire. You must answer every question.

**Employee Questionnaire**

- Have you ever been licensed with another agency or in another state for the same endorsement(s) for which you are currently applying?  Yes  No  
If yes, please explain:
- Have you ever had any administrative or disciplinary action, in relation to the firm's license (including but not limited to a fine, warning, suspension or revocation), taken against it by any federal, state or local authority?  Yes  No  
If yes, please explain:
- Have you ever been denied a license, for any reason, by federal, state, or local authority?  Yes  No  
If yes, please explain:
- Have you ever 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 charged?  Yes  No  
If yes, please explain:



The next page is the Employee Attachments. You must upload a copy of their current driver's license, a signed certification page, a current photo of the face in JPG format (no sunglasses or hats) and a copy of their training certificate used to get licensed. I.E. a security qualifier would have an ABAT or AIS & FAIM certificate and a security technician would have Certified Alarm Level 1 certificate. Once you have uploaded everything, then click the forward arrow and it will take you back to the Employee Roster page to revise another employee.



### Employee Attachments

Click on the Attachment Type or upload icon to upload/view relevant documentation for that Attachment Type

**The Following items must be scanned and uploaded:**

Documents to be Uploaded	# of Uploaded Documents
Copy of current valid Driver's License (front & back)	0
Signed Certification page <a href="#">Click here to Download and Print Document</a>	0
Color Photograph	0
Copy of Employee's current training certificate(s)	0

Please print the Cover Letter by clicking on the button below and send it with the Documents to be mailed to the address below. All items must be received within 14 days of electronic submission of the application in order for your application to be processed.

**Office of State Fire Marshal  
Special Services Section  
8181 Independence Blvd. Baton Rouge, LA 70806**

[Print Cover Letter](#)

**Background Check Fee \$40.75**

Documents to be Mailed
Fingerprint Card
Signed background check form <a href="#">Click here to Download and Print Document</a>

Check for background check fee made payable to the Department of Public Safety

Once you have edited all employees, then click the forward arrow to take you to the Add Qualifier(s) page. Verify that the qualifier(s) listed are correct. To add another qualifier, enter the employee's SSN and check off the endorsement(s) for the qualifier & click Add Qualifier. Then click on the forward arrow to proceed to the Owner's page

### Add Qualifier(s)

Please indicate a Qualifier for all endorsements that the Firm carries.

To indicate which employee will act as Qualifier for each of your Firm's Endorsements, indicate either the Employee's Social Security Number (if not currently licensed) or SFM License Number (if licensed) and select which Firm Endorsements that Employee will qualify for.

A Firm can have multiple qualifiers for each endorsement. The designated qualifier for all endorsement types MUST live within 150 miles from the office in which he/she qualifies.

**Select By:**  
 Employee SSN       SFM Employee License Number

**Social Security Number:**

**Select Endorsements qualifying for:**       Fire Alarm       Security

[Add Qualifier](#)      [Clear](#)

Click on the icon to Edit Details; icon to upload documents; icon to delete the Qualifier in the Grid below.

Name	SSN	License #	Qualifying Endorsements	Status
No records to display.				

Verify the Owners. To add an Owner, you must enter the social security number and date of birth of the owner and click Add. You must enter all information requested.

### Add an Owner, Principal, or Officer

Check and complete the information below as it applies to your company. In the case of partnerships and corporations, ALL partners' principals' and officers' 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.

Each owner, principal, and officer must submit a signed certification statement which you can print here.

If your firm is applying for any Property Protection endorsement, each owner, principal, or officer must submit a fingerprint card for a background check.

**Individual SSN:**       **Date of Birth:**       [Add](#)

Click on the icon to Edit Details; icon to upload documents; icon to delete the Owner in the Grid below.

Last Name	First Name	DOB	Gender	Race	DL #	DL State	Status
No records to display.							

The next page is where you will upload all documents. Please have your agent email, fax (225-925-3699) or mail a current General Liability & Worker's Comp insurance certificate.

### Firm Attachments

Click on the Attachment Type or upload icon to upload/view relevant documentation for that Attachment Type

**The Following items must be scanned and uploaded:**

Documents to be Uploaded	# of Uploaded Documents
Copy of current valid Driver's License of all Principal(s)/Owner(s)/Employee(s) of the firm (front & back)	0
Signed Certification page for each Owner/Principal/Employee of the firm <a href="#">Click here to Download and Print Document</a>	0
Sample of each Color Service Tag (blue, green, yellow, red), White Installation Tag, and 6-year/Hydro Test Label. (Not required for CCTV/Camera, Household Fire, Door Hardware Consultant, Bank Locking, Limited Locksmith, Limited Security, or Bank Auxiliary)	0
Signed Qualifier Affidavit for each Qualifier of the firm <a href="#">Click here to Download and Print Document</a>	0
Color Photograph for each Employee	0
Copy of Employee's current training certificate(s)	0

Please print the Cover Letter by clicking on the button below and send it with the Documents to be mailed to the address below. All items must be received within 14 days of electronic submission of the application in order for your application to be processed.

**Office of State Fire Marshal**  
**Special Services Section**  
**8181 Independence Blvd. Baton Rouge, LA 70806**

[Print Cover Letter](#)

**Background Check Fee \$40.75**

Documents to be Mailed
Fingerprint card for each New Owner/Principal/Employee
Signed background check form for each Owner/Principal (Property Protection Firm) and Employee (Property Protection Endorsement) <a href="#">Click here to Download and Print Document</a>
Check for background check fee made payable to the Department of Public Safety for each Owner/Principal (Property Protection Firm) and Employee (Property Protection Endorsement)
\$500,000 General Liability insurance certificate faxed or mailed from insurance agent
Worker's Compensation insurance certificate faxed or mailed from insurance agent

Then click the forward arrow and it will show Application Complete

### Application Complete

**Please review your Application for data accuracy. Click 'Edit Application' to make changes to your Application. If you wish to proceed, you will be required to read and agree to the Affidavit shown below. Please click on the 'Pay/View Invoice' button to proceed with the Application.**

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 of my application.

I Agree

Edit Application
Pay/View Invoice
Save and Exit

**Amount Due at this time: \$150.00** [Print Details](#)

1 of 1 100% Find Next

If you scroll down on the Application Complete screen, it will show all the information entered about the firm & employee



Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4414



Jon Bel Edwards GOVERNOR

LIFE SAFETY AND PROPERTY PROTECTION FIRM APPLICATION

H. "Butch" Browning FIRE MARSHAL

Initial Renewal X Revision

Table with 5 columns: Name of Firm, D/B/A Name, Name of Firm's Contact Person, Firm Ownership Type, SFM License #, Issue Date, Expiration Date, Next Payment Date.

Table with 4 columns: General Liability Expiration, Worker's Compensation Expiration, DOT Certification Number, DOT Certification Expiration.

Table with 4 columns: Firm's Phone Number, Firm's Alt. Phone Number, Firm's Fax Number, Firm's Email.

Table with 4 columns: Firm's Agent of Service Last Name, First Name, Middle Name, Agent of Service's Address, City, State, Zip Code, Firm Name, Phone Number.

Table with 4 columns: Firm's Physical Location, Street Address, Parish, City, State, Zip Code.

Table with 4 columns: Firm's Mailing Address, Street Address, Parish, City, State, Zip Code.

Table with 2 columns: Endorsements, Security, Fire Alarm, Property Protection Endorsements, Life Safety Endorsements.

Questionnaire table with 4 rows of questions regarding firm licensing and disciplinary actions.

Employee Roster table with 6 columns: Name, Last 4 digits of SSN, DOB, Gender, License Number, Endorsements.

Ownership Information table with 4 columns: Name, Last 4 digits of SSN, DOB, Gender.

Qualifiers table with 5 columns: Name, Last 4 digits of SSN, DOB, Gender, Qualifying Endorsements.

Click on Print Details to see the employee's and licenses entered with the amounts due.

**Office of State Fire Marshal**  
8181 Independence Blvd. Baton Rouge, LA 70806  
(225) 925-4911 (800) 256-5452 Fax (225) 925-4414

**Application Payment Details**

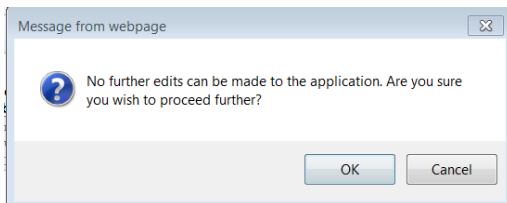
Jon Bel Edwards  
GOVERNOR

H. "Butch" Browning  
FIRE MARSHAL

Fee Details for Reference # 9320			
Item	Description	Fees	Late Fee
Firm	Fire Alarm - Life Safety Endorsements	\$350.00	\$0.00
Firm	Security - Property Protection Endorsements	\$250.00	\$0.00
Employee JOE L SCHMACHATELLIE JR (4321)	Fire Alarm - Life Safety Endorsements	\$50.00	\$0.00
Employee JOE L SCHMACHATELLIE JR (4321)	Security Technician - Property Protection Endorsements	\$100.00	\$0.00
Employee JOE L SCHMACHATELLIE SR (4123)	Fire Alarm - Life Safety Endorsements	\$50.00	\$0.00
Employee JOE L SCHMACHATELLIE SR (4123)	Security Technician - Property Protection Endorsements	\$100.00	\$0.00
Employee FRANK L JONES (4222)	Fire Alarm - Life Safety Endorsements	\$50.00	\$0.00
Employee FRANK L JONES (4222)	Security Technician - Property Protection Endorsements	\$100.00	\$0.00
		<b>Total:</b>	\$1,050.00
		<b>Grand Total:</b>	\$1,050.00

Then click on "I Agree" then "Pay/View Invoice"

Then you will see this message box



If you don't have anything else to edit, then click OK. You will see another Application Complete page showing the Amount Due and then scroll down and you will see the invoice.

**Application Complete**

Congratulations, your application is complete! Below is the Invoice for this application. Click 'Pay' to proceed to payment and submit your application to the State Fire Marshal; Click 'Exit and Pay Later' to exit the application and return later for payment.

**Amount Due at this time: \$1,050.00** [Print Details](#)



Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806
(225) 925-4911 (800) 256-5452 Fax (225) 925-4414



Jon Bel Edwards GOVERNOR

H. "Butch" Browning FIRE MARSHAL

Table with invoice details: Invoice # 0000001232, Invoice Date 8/8/2017, Reference # 9320, Application Type Life Safety and Property Protection, Name TRADER JOE'S, Address 567 STREET BATON ROUGE, LA 70806, Contact Person JOE, Phone (225) 925-0000, Original Amount Due \$1,050.00, Amount Paid \$0.00, Adjustments \$0.00, Refunds \$0.00, Amount Due \$1,050.00, Balance Due \$1,050.00

Next, click on the yellow "Pay" box and this is what you will see:

Web interface for adding and paying invoices. Includes 'Add Invoices' section with input fields for Invoice Number and Reference No., and an 'Invoices' table with columns for Check All, Invoice No., Reference No., Name, and Amount. A 'Pay By Check' button is highlighted.

Select the invoice by checking the box next to the invoice you wish to pay. Then you will need to select the method of payment. For "Pay by Check", the screen will look like this.



Office of Fire Marshall ACH

Payment Method

Payment form titled 'Your Information' and 'Choose method of payment'. Fields include Customer Name: Joe Schmachatellie, Reference Number: 658, Payment Amount: 1050.00, Number of Invoices: 1. Payment method selected is 'Pay by electronic check' with Account Type: Personal. Buttons for Back, Next, and Exit are present.

When you click next for a check, a Billing Address information box will appear.

\* Indicates required field

**Billing Address**  
 Use Business Name  
\*First Name:   
M.I.:   
\*Last Name:   
\*Street Line 1:   
Street Line 2:   
\*City:   
\*State:    
\*Zip:   
Phone:   
E-Mail:

**Payment Details**  
  
\*Payment Amount: 1050.00 USD  
  
Your account will be debited in 1 to 3 days from the date identified. If your payment date falls on a non-banking day your payment will be executed on the next available banking day. Current date payments received after 6:00 PM ET will be executed on the next valid banking day.

**Payment Method**  
  
\*Name On Account:   
\*Account Number:  [What's This?](#)  
\*Re-Type Account Number:   
\*Routing Number:  [What's This?](#)  
\*Account Type:  Checking  Savings

For "Pay by Credit Card", the screen will look like this:



Office of State Fire Marshal

Payment Method

\* Indicates required field

**Your Information**  
Customer Name: Joe Schmachatellie  
Reference Number: 659  
Payment Amount: 1050.00  
Number of Invoices: 1

**Choose method of payment**  
 Pay by credit card

Then the Billing Address box will appear

Indicates required field

### Billing Address

Use Business Name

\*First Name:

M.I.:

\*Last Name:

\*Street Line 1:

Street Line 2:

\*City:

\*State:

\*Zip:

\*Phone:

\*E-Mail:

### Payment Details

\*Payment Amount: 1050.00 USD

Convenience Fee: 19.22 USD

### Payment Method

\*Name on Card:

\*Card Number:

\*Expiration Date: \* Month   
\* Year



\* Enter the above code:

[Can't read? Try a different code.](#)

## Payment Review Screen



Office of


### Payment Review

#### Address

##### Billing Address:

Joe L. Schmachatellie  
123 Street  
Baton rouge, LA 70806  
(225) 925-0000  
karen.merritt@la.gov

#### Payment Method

Credit Card   
Joe Schmachatellie  
x1111 01/18

#### Payment Amount

**Amount:** 1050.00 USD

**Convenience Fee:** 19.22 USD

**Total: 1069.22 USD**

If everything is okay, then click on Pay Now. It will process and then this screen will appear.



**Louisiana State Fire Marshal**  
Information Management System

Welcome, Joe Home Help Logout

**Payment Processed:** !!! Payment Successful !!!

**Confirmation Number:** 17080803599349

**Invoice Amount Paid:** \$1,050.00

**Convenience Fee :** \$19.22

**Payment Submission Date:** 8/8/2017

**Authorization Code:** 977868

Invoice No.	Reference No.	Name	Amount
0000001232	9320	TRADER JOE'S	1050.00

**Total Amount Paid: \$1,069.22**

Click on Print and then on Home.

https://170.145.102.193//OnlinePaymentConfirmation.aspx?c=2&m=%22%22&o=170808... [Close] [Refresh] [Home]

OSFM Payment

**Payment Processed:** !!! Payment Successful !!!

**Confirmation Number:** 17080803599349

**Invoice Amount Paid:** \$1,050.00

**Convenience Fee :** \$19.22

**Payment Submission Date:** 8/8/2017

**Authorization Code:** 977868

Invoice No.	Reference No.	Name	Amount
0000001232	9320	TRADER JOE'S	1050.00

**Total Amount Paid: \$1,069.22**

You will receive an email like this:

Date: 7/6/2017  
 Firm Name: FROGBERT'S  
 Dear Applicant:

Your OSFM Application bearing Reference #9316 is **Pending Mailed-In Documents**  
 Please mail in all applicable Documentation within 14 Business Days to the Office of State Fire Marshal at the 8181 Independence Blvd.  
 Baton Rouge, LA 70806 in order for your application to be processed.

[Click here to go to OSFM-Information Management System](#)

IT Group  
 8181 Independence Blvd. Baton Rouge, LA 70806  
 Customer Service: (225) 925-4911 / Fax: (225) 925-4414  
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