DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF THE STATE FIRE MARSHAL

JOHN BEL EDWARDS
GOVERNOR

H. "BUTCH" BROWNING, JR
STATE FIRE MARSHAL

AFFIDAVIT
FOR
EMPLOYEE QUALIFIER

I hereby certify and declare that I am a paid employee of the firm listed below and I live within 150 miles of the office for which I qualify:

________________________________________________________________________

(Name of Firm)

Please place a check on the left side of all the endorsement(s) that you qualify:

☐ Fire Sprinkler  ☐ Pre-Engineered  ☐ Security  ☐ Bank Locking
☐ Fire Alarm  ☐ Kitchen Suppression  ☐ Household Fire  ☐ Special Locking
☐ Fire Alarm (Non-required)  ☐ Fire Extinguisher/Hoses  ☐ CCTV  ☐ Detention Locking
☐ Fire Alarm (Owner)  ☐ DOT Hydrostatic Testing  ☐ Locksmith  ☐ Gate Systems
☐ Fixed-Fire Suppression  ☐ Fire Alarm (Owner)

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my fire marshal licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of the firm’s employees by routinely engaging in and regularly reviewing the daily life safety and property protection activity of the employees of the firm as long as I am employed as a qualifying employee.

Thus done and signed on the ______day of ___________________, 20____.

________________________________________________________________________

(Name of Qualifier)

________________________________________________________________________

(Signature of Qualifier)

________________________________________________________________________

(Name of Owner)

________________________________________________________________________

(Owner’s Signature)

OFFICE OF THE STATE FIRE MARSHAL, LICENSING SECTION
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