DATE: December 3, 2018

TO: All Property Protection Contractors

FROM: Office of State Fire Marshal
       Licensing Section

RE: Background Checks for Property Protection Endorsements
    Employee(s) and Owner(s)/Principal(s)
    Licensing Section Memo 2018

This is to advise that all property protection firm principals/owners and employees must provide this office with a fingerprint card for a background check. The fingerprint card must be completed by a local or state law enforcement agency. At the time of fingerprinting, the applicant must show current driver’s license or picture identification to the law enforcement agent conducting the fingerprinting.

The fee for processing a fingerprint background check is $39.25 per person. Please make company check or money order payable to Department of Public Safety and submit to Office of State Fire Marshal, 8181 Independence Blvd, Baton Rouge, LA  70806 with your company check or money order, disclosure forms and fingerprint card.

Pay to the Order Only to:
   Department of Public Safety (DPS)

Remittance Address:
   Office of State Fire Marshal
   Attn: Licensing Section
   8181 Independence Blvd.
   Baton Rouge, LA   70806

Attached is the application which must be completed for each individual and mailed with the licensing application to the Office of State Fire Marshal. Failure to do so within 14 days after receiving firm/employee license application will result in a Cease & Desist Order issued to your firm/employee(s).

PLEASE NOTE: You will obtain the fingerprint card from your local or state law enforcement agency at the time of fingerprinting and the agency may charge for this transaction.
SUBMIT TO: Louisiana State Police
Bureau of Criminal Identification and Information
P. O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA  70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS $26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL $13.25 FEE. (Cashier Check, Business Check with pre-printed business name or Money Order)

** FORMS MUST BE FILLED OUT IN INK AND BE REVIEW BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**

****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

*****PLEASE PRINT*****

Office of the State Fire Marshal
Attn:  Licensing Section
8181 Independence Blvd.

 MAILING ADDRESS
Baton Rouge LA  70806
CITY STATE ZIP

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

225-925-3814

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

terry.langley@la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:  (pick one only)

☐ ALCOHOL AND BEVERAGE COMMISSION
☐ ALCOHOL BEVERAGE OUTLET
☐ BEHAVIOR ANALYST BOARD
☐ BOARD OF EXAMINERS OF PSYCHOLOGIST
☐ BOARD OF NURSING HOME ADMINISTRATORS
☐ CASA
☐ COURT ORDER ADOPTION
☐ CRIMINAL JUSTICE EMPLOYEE
☐ DAYCARE
☐ DENTISTRY BOARD
☐ DCFS ABUSE/NEGLECT INVESTIGATION
☐ DCFS CARETAKER
☐ DCFS FOSTER/ADOPTIVE
☐ DCFS PERSONNEL
☐ EMPLOYERS
☐ FIREFIGHTERS
☐ X FIRE MARSHAL
☐ GAMING
☐ HEALTH CARE PROVIDER (Non Licensed)
☐ JUVENILE DETENTION CENTER
☐ LA BOARD CHIROPRACTIC EXAMINERS
☐ LA PHYSICAL THERAPY BOARD
☐ LA STATE BOARD SOCIAL WORK EXAMINERS
☐ MEDICAL EXAMINERS
☐ MENTAL HEALTH COUNSELORS
☐ OFFICE OF FINANCIAL INSTITUTIONS
☐ OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
☐ OMVE – EMPLOYEE ISSUING COMMERCIAL DL
☐ OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
☐ OMVT – AUTO TITLE COMPANY/PUBLIC TAG AGENT
☐ PHARMACY BOARD
☐ POST SECONDARY EDUCATION
☐ PRACTICAL NURSING
☐ PRIVATE ADOPTION
☐ PRIVATE INVESTIGATORS
☐ PRIVATE SECURITY
☐ PUBLIC HOUSING
☐ REGISTERED NURSING
☐ RELIGIOUS ACTIVISTS
☐ RIGHT TO REVIEW
☐ SCHOOL
☐ SUPREME COURT COMMITTEE BAR ADMISSION
☐ TAXI DRIVERS
☐ TESS WINDOW TINT
☐ USED MOTOR VEHICLE COMMISSION
☐ VOLUNTEER LOUISIANA COMMISSION
☐ WORKING WITH CHILDREN

APPLICANT'S FULL NAME:

****PRINT – USE INK****

(LAST)

FIRST

MIDDLE

(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANT'S SIGNATURE:

APPLICANT’S SOCIAL SECURITY #: DATE OF BIRTH: 

ID OR DRIVER’S LICENSE #: STATE: RACE: SEX

POSITION OR LICENSE APPLIED FOR: Property Protection Owner/Principal or Employee License

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.
### Applicant Processing – Disclosure

**Bureau of Criminal Identification and Information**  
P. O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

---

**Office of the State Fire Marshal**

<table>
<thead>
<tr>
<th>AGENCY/BUSINESS OR INDIVIDUAL NAME</th>
<th>8181 Independence Blvd.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>LA</th>
<th>70806</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baton Rouge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**NAME**  
**DATE OF BIRTH**  
**RACE**  
**SEX**

---

**Social Security Number**

---

**Notice:**  
All information released must remain strictly confidential and only those authorized by law to receive this information may submit a request.

---

**Notice:** The response to your request for a criminal history check is based on a review of the State of Louisiana’s criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

---

**Criminal History Determination:**

- [ ] RAPSHEET ATTACHED
- [ ] RESPONSE BELOW