LIFE SAFETY AND PROPERTY PROTECTION LICENSING REQUIREMENTS

1. Please complete all pages of a new firm application and signatures in blue ink only.

2. Submit **completed** firm application, with a current email address listed, along with all **required signatures.** Firm **must not** have a P. O. Box for the physical address. If the **firm & employee licenses are not renewed on or before the expiration date, the license is not valid and is subject to suspension.** All licenses are to be renewed before the 1st of the month in which they expire. The name of the firm (along with any dba) and physical address listed on the firm application **MUST** match the name and physical address on the insurance certificates.

3. All owners/principals of the firm **must sign** the application and submit a copy of their **current, valid driver’s license.** If you have a renewal sticker on the back of your driver’s license, then please send a copy of the back of the license also. (For Property Protection firm owners / principals, by signing the application, you authorize this office to conduct a criminal records background check.)

4. Firms that carry property protection endorsements **MUST** have a fingerprint background check done on all owners and/or principals. Each owner / principal **MUST** submit a fingerprint card from their local law enforcement agency, an application for a fingerprint background check (form found on our website) to be conducted and a **check made payable to the Department of Public Safety** for the **fees required for the background check.**

5. **All Property Protection** licensed firms **MUST** be located in the state of Louisiana and the office must be fully operational.

6. All firms **MUST** have a qualifier for each endorsement they carry. The qualifier for all endorsement types must live **within 150 miles** of the business for which they qualify. Also, the designated qualifier of all license endorsements must submit a **signed affidavit** with the endorsements that they qualify checked off. If the owner is the qualifier, then he/she need only fill out the owner affidavit.

7. Insurance certificates **must be faxed** (225-925-3699) or **mailed** in to the Fire Marshal’s office by the **insurance agent.** Each firm shall have at least $500,000.00 general liability and shall have workers compensation if they have any employees other than the owner. The insurance certificate must have the current physical address of the firm listed in the box “Name of Insured”. In the “Description of Operations”, it should state: “Life Safety and Property Protection” or specifically list the type of work performed. In the section “Certificate Holder”, it should have the following listed: (See sample copy on the next page)

Office of the State Fire Marshal
Licensing Section
8181 Independence Blvd.
Baton Rouge, LA 70806 Revised 1/28/15 2
8. If the firm is located outside of Louisiana, you must indicate an **Agent of Service**.

9. Each firm shall submit a copy of their qualifiers **current NICET certificate**, or any other certification of their qualifier.

10. If the firm is going to perform high pressure hydrostatic testing, firm **MUST** apply for a Hydrostatic Testing and Fire Extinguisher endorsement and **submit a copy of U.S. DOT permit**.

11. **All employees of the firm must be paid W-2 employees.**

12. Send only **ONE** company check or money order made payable to “**Office of the State Fire Marshal**” with the firm application and any employee applications. **NO CASH or PERSONAL CHECKS** accepted.

13. **ALL Firms** shall send a sample of each color service tag (blue, green, yellow & red), installation tag and 6 year/hydrostatic testing label (form attached to new firm application).

14. **Vehicle Registration for out-of-state Fire Protection & Sprinkler Firms**. Each vehicle that will travel in Louisiana will need to be registered on a Vehicle Registration form (found on our website under Firm Information) and shall pay $20 each for a license certificate to be kept in the vehicle. Name of the firm, the firm’s physical address, phone number and license number are to be **Pre-Printed or Ink Stamped** on the tags.

15. **Fire Protection Endorsement Equipment** (Refer to Title 55:V:Chapter 30, Section 3053). Those firms carrying endorsements of fire alarm and fire extinguisher must have the required pieces of equipment to be licensed.

**NOTE:** The Firm **MUST** fill out all pages of the new firm application and fill out an affidavit for each qualifier. If the owner is the qualifier, then he/she need only fill out the owner affidavit.

**NOTE:** All firms should notify this office within ten (10) days, by use of a new application, if there are any changes in the business name, address, phone numbers or ownership.
The Office of the State Fire Marshal Requirements to Complete an Acord Insurance Certificate

All firms licensed with the Office of the State Fire Marshal are required, by statute, to maintain at least $500,000 in general liability insurance and to provide this office with a current certificate from your agent by fax (225-923-5659) or mail (8181 Independence Blvd., Baton Rouge, LA 70806). This information sheet is intended to assist you in meeting those requirements when submitting an Acord form. It is your responsibility to see that your insurance coverage meets requirements and that this office is provided with evidence of that coverage. License renewals or new applications will not be approved until ALL insurance requirements are met.

1. **PRODUCER**
   Insurance Agents/Brokers who issue the certificate.

2. **NAME OF INSURED**
   The full company name along with any DBA and the current physical address of the company.

3. **TYPES OF INSURANCE**
   Must check the box for commercial general liability.

4. **POLICY FORM**
   The per occurrence box must be checked.

5. **DESCRIPTION OF OPERATIONS**
   Must indicate "Life Safety and Property Protection".

6. **CERTIFICATE HOLDER**
   Must be listed as:
   Office of the State Fire Marshal
   Licensing Section
   8181 Independence Blvd.
   Baton Rouge, LA 70806.

7. **COMPANY AFFORDING COVERAGE**
   Provide the exact name of the company.

8. **POLICY EFFECTIVE DATE**
   Must be prior to or coincidental with the expiration date of the last insurance certificate filed with this office.

9. **POLICY EXPIRATION DATE**
   Must have a current date.

10. **LIMITS OF INSURANCE**
    Must be at least $500,000 per occurrence.

11. **NOTICE OF CANCELLATION**

12. **AUTHORIZED REPRESENTATIVE**
    If the company affording coverage is an admitted company, the certificate must be signed by a licensed agent in Louisiana.

13. **WORKERS COMPENSATION**
    Is required if there are any employees other than the owners.

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**ACORD CERTIFICATE OF LIABILITY INSURANCE**

- **Company Name:**
  - The Insurance Company
  - P.O. Box 1234
  - Baton Rouge, LA 70845

- **Policy Effective Date:**
  - 3/1/2023
  - 3/1/2023

- **Policy Expiration Date:**
  - 3/1/2024
  - 3/1/2024

- **Limits of Liability:**
  - $500,000 per occurrence

- **Certification:**
  - Sample

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*Sample Certificate Information*

- Address of the State Fire Marshal Licensing Section:
  - 8181 Independence Blvd.
  - Baton Rouge, LA 70806

- Signature of Authorized Agent:
  - Sample

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*Notice of Cancellation*

- If necessary, place here any information required for cancellation.

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*Authorized Representative*

- Signature of Authorized Representative:
  - Sample

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*Workers Compensation*

- Required if there are any employees other than the owners.

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*End of Acord Certificate Information*