LOUISIANA DEPARTMENT OF PUBLIC SAFETY

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

EVENT SCHEDULE / ITINERARY FORM

(This form is to be completed for each event)

NOTE: This form **MUST** be accompanied by an insurance certificate indicating compliance with La. R.S. 40:1484.13 and LAC 55:V:2517.

NAME OF LICENSED FIRM:	OSFM LICENSE NO:

NAME OF EVENT:		DATE OF EVENT:	
ADDRESS:	CITY:	STATE:	ZIP:

CONTACT NAME:	CONTACT PHONE NUMBER:

NAME OF RIDE OR GENERATOR	MANUFACTURER	SERIAL NO.	OSFM PLATE NO.	REGISTRATION DATE

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