



LOUISIANA DEPARTMENT OF PUBLIC SAFETY  
PUBLIC SAFETY SERVICES

**OFFICE OF STATE FIRE MARSHAL**

**LIFE SAFETY & PROPERTY PROTECTION**

**INDIVIDUAL-EMPLOYEE APPLICATION**

**CERTIFICATION**

Name of employee: \_\_\_\_\_ OSFM License No. \_\_\_\_\_

1. I hereby certify that I have met the requirements for continuing education as established by the Life Safety and Property Protection Education Board.
2. I also certify and declare that I am a W-2 employee of the firm listed on this application and that all information contained in this application is true and correct.
3. I understand that any willful omission or falsification of pertinent information required on this application is justification for denial, administrative penalty, suspension, revocation, and/or criminal prosecution by the Office of State Fire Marshal.

\_\_\_\_\_  
PRINTED NAME OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE OF HIRE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE OF SIGNATURE

**PROPERTY PROTECTION APPLICANTS ONLY**

**\*\*By signing below I authorize the Office of State Fire Marshal to make a criminal records check using identifying information provided in this application and hereby waive any privacy interests in that information for the limited purposes of this application.**

\_\_\_\_\_  
PRINTED NAME OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE OF HIRE

\_\_\_\_\_  
DATE OF SIGNATURE

**\*\*Required**