



JOHN BEL EDWARDS
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF THE STATE FIRE MARSHAL



H. "BUTCH" BROWNING, JR
STATE FIRE MARSHAL

**AFFIDAVIT
FOR
OWNER QUALIFIER**

I hereby certify and declare that I am an owner or principal 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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fire Sprinkler Designer | <input type="checkbox"/> Pre-Engineered | <input type="checkbox"/> Security | <input type="checkbox"/> Bank Locking |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Kitchen Suppression | <input type="checkbox"/> Household Fire | <input type="checkbox"/> Special Locking |
| <input type="checkbox"/> Fire Alarm (Non-required) | <input type="checkbox"/> Fire Extinguisher/Hoses | <input type="checkbox"/> CCTV | <input type="checkbox"/> Detention Locking |
| <input type="checkbox"/> Fire Alarm (Owner) | <input type="checkbox"/> DOT Hydrostatic Testing | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Gate Systems |
| <input type="checkbox"/> Fixed-Fire Suppression | | <input type="checkbox"/> Door Hardware | <input type="checkbox"/> Door Hardware Consultant |

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my fire marshal licensed capacity as long as I own or I am a principal of 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)

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