LOUISIANA DEPARTMENT OF PUBLIC SAFETY

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

EVENT SCHEDULE / ITINERARY FORM

All sections of this form must be completed fully and accurately for each event. Incomplete forms or forms missing required information will be returned to the submitter for correction, which may delay processing.

NOTE: This form **MUST** be accompanied by a current insurance certificate indicating compliance with La. R.S. 40:1484.13 and LAC 55:V:2517. All rides subject to coverage must be listed on the declaration page.

NAME OF LICENSED FIRM:	OSFM LICENSE NO:

NAME OF EVENT:	SET-UP DATE:	DATE OF EVENT:	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**

CONTACT NAME:	CONTACT PHONE NUMBER:	EMAIL:

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