



LOUISIANA DEPARTMENT OF PUBLIC SAFETY  
PUBLIC SAFETY SERVICES

**OFFICE OF STATE FIRE MARSHAL**

**LIFE SAFETY & PROPERTY PROTECTION  
FIRM APPLICATION**

**\*\*ALL FEES ARE NON-REFUNDABLE\*\***

**\*\*MAIL COMPLETED APPLICATION TO: LOUISIANA OFFICE OF STATE FIRE MARSHAL;  
ATTN: SPECIAL SERVICES DIVISION; 8181 INDEPENDENCE BLVD.; BATON ROUGE, LA 70806**

<b>TYPE OF APPLICATION:</b>	WELCOME HOME ACT
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<b>NAME OF FIRM:</b>		<b>FIRM D/B/A (ONLY ONE ALLOWED):</b>			<b>FIRM LICENSE NO.:</b>	
<b>FIRM ADDRESS:</b>		<b>CITY:</b>	<b>PARISH / COUNTY:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>FIRM MAILING ADDRESS:</b>			<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>FIRM CONTACT PERSON:</b>	<b>EMAIL:</b>	<b>FIRM TELEPHONE:</b>		<b>FIRM FAX NO:</b>		
<b>FIRM AGENT**:</b>	<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>		

\*\*For out-of-state life safety firms only. Property protection firms must maintain a physical office in Louisiana.

LIFESAFETY		INITIAL FEE	PROPERTY PROTECTION		INITIAL FEE
<input type="checkbox"/>	<b>CONVEYANCE DEVICE INSPECTIONS</b> A firm or person to engage in the inspection and/or certification of conveyance device systems and equipment.	NO FEE	<input type="checkbox"/>	<b>BANK LOCKING</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of bank locking systems and equipment.	\$250.00
<input type="checkbox"/>	<b>CONVEYANCE DEVICE MECHANICS</b> The Person to engage in the installation, erecting, constructing, altering, servicing, repairing, performing electrical work on, dismantling, testing, and maintaining of conveyance device systems and Equipment.	NO FEE	<input type="checkbox"/>	<b>CLOSED CIRCUIT TV (CCTV)</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of closed circuit television systems and equipment. This includes the connection of closed circuit television systems and equipment to computer systems or equipment.	\$250.00
<input type="checkbox"/>	<b>DOT HYDROSTATIC TESTING</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in hydrostatic testing of fire protection cylinders manufactured in accordance with the specification and procedure of the United States Department of Transportation. A Hydrostatic Testing Endorsement is only valid if the firm or person also has a Portable Fire Extinguisher/Fire Hose Endorsement for testing DOT fire	\$350.00	<input type="checkbox"/>	<b>DETENTION LOCKING</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of detention locks and locking systems and equipment as related to cell areas in penal institutions and cell areas in other occupancies such as health care or business.	\$250.00

	extinguisher cylinders and either a Fixed Fire Pre-Engineered Fixed Fire Suppression System or Kitchen Fixed Fire Suppression endorsement for testing DOT fixed fire suppression cylinders as well.					
<input type="checkbox"/>	<b>FIRE ALARM</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in the certifying, inspecting, installing, integration, maintaining and servicing of fire detection and alarm systems and those activities specifically authorized by a Non-Required Systems endorsement.	\$350.00		<input type="checkbox"/>	<b>DOOR HARDWARE</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of door hardware equipment and the consulting or the providing of technical advice regarding the selection of door hardware. The termination of these components to the building power system is not permitted. The term does not include special locking systems	\$250.00
<input type="checkbox"/>	<b>FIRE ALARM (NON-REQUIRED)</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in the activity of certifying, inspecting, installing, integration, maintaining and servicing of fire detection and alarm systems in structures or occupancies which are not required by NFPA 101 to be protected by an approved fire alarm and detection system.	\$350.00		<input type="checkbox"/>	<b>DOOR HARDWARE CONSULTANT</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in the consulting and/or the providing of technical advice regarding the selection of door hardware	\$250.00
<input type="checkbox"/>	<b>FIRE ALARM (OWNER)</b> That document issued by the State Fire Marshal that authorizes an owner of a fire alarm system or his employee to perform routine inspection, and minor service and repairs of fire detection and alarm systems within the owner's own facilities only. No installing, integration, or certifying of these systems is permitted. Minor service and repair is defined as repair/replacement of single initiating and/or annunciating devices with identical new devices. No service within the alarm control panel shall be permitted except that the exchanging of system batteries with identical new ones is permitted. Routine inspection is defined as visual inspections and monthly drill tests.	\$350.00		<input type="checkbox"/>	<b>GATE SYSTEMS</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of Pedestrian or Vehicle Gate systems and equipment	\$250.00
<input type="checkbox"/>	<b>FIRE EXTINGUISHERS &amp; HOSES</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in the activity of certifying, inspecting, installing, maintaining or servicing portable fire extinguishers and fire hoses and hydrostatic testing of portable fire extinguisher cylinders not required by the U.S. Department of Transportation (U.S. DOT). Please Note: Hydrostatic testing required by the U.S. DOT requires a Hydrostatic Testing Endorsement	\$350.00		<input type="checkbox"/>	<b>HOUSEHOLD FIRE</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of fire detection and alarm systems in one and two family dwellings	\$250.00
<input type="checkbox"/>	<b>FIRE SPRINKLER</b> An individual licensed pursuant to R.S. 40:1664.1 et seq., and these rules that certifies, inspects or performs hydrostatically testing of fire sprinkler equipment and/or systems or fire hoses	\$500.00		<input type="checkbox"/>	<b>LOCKSMITH</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of stand alone electro/mechanical locks, closed circuit television or special locking systems and equipment	\$250.00

<input type="checkbox"/>	<b>FIXED FIRE SUPPRESSION</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in the certifying inspecting, installing, integration, maintaining and servicing of engineered or pre-engineered fixed fire suppression systems. Please note: Hydrostatic testing of fixed fire suppression cylinders required by the U.S. DOT requires a Hydrostatic Testing Endorsement.	\$350.00	<input type="checkbox"/>	<b>SECURITY</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of security, household fire warning, closed circuit television and/or special locking systems and equipment.	\$250.00
	<b>PRE-ENGINEERED</b> That document issued by the State Fire Marshal that authorizes a firm or person to engage in the activity of certifying, inspecting, installing, integration, maintaining or servicing pre-engineered fixed fire suppression systems and those activities specifically authorized by a Kitchen Suppression Endorsement	\$350.00		<b>SPECIAL LOCKING+</b> That document issued by the state fire marshal to a firm or employee authorizing either to engage in property protection activity of special locking systems and equipment	

<b>QUESTIONS:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Has your firm, owner, principal or officer ever been the subject of any administrative or disciplinary action(s), in relation to the firm license, including but not limited to fines, suspensions, revocations, or warnings issued by any federal, state or local authority? If yes, please explain:	YES	NO
Has your firm, owner, principal or officer ever been denied a license by federal, state or local authorities for any reason at all? If yes, please explain:	YES	NO
Has any owner/officer been convicted of a felony, received a first-time offender pardon for a felony or entered a plea of guilty or nolo contendere to any felony charge? If yes, please explain:	YES	NO

**QUALIFYING EMPLOYEES OF FIRM:**

Please fill out the name and license number of the designated qualifier for the firm next to each endorsement type. A qualifier is required for all endorsements held by the firm. A firm can have multiple qualifiers for each endorsement. Qualifiers for all endorsement types are required to live within 150 miles from the office in which he/she qualifies. The mileage shall be determined by a straight-line measurement. Any additional qualifiers can be added to a copy of this page.

<b>LIFE SAFETY ENDORSEMENT</b>	<b>QUALIFIER NAME</b>	<b>LICENSE NUMBER</b>
CONVEYANCE DEVICE INSPECTIONS		
CONVEYANCE DEVICE MECHANICS		
DOT HYDROSTATIC TESTING		
FIRE ALARM		
FIRE ALARM (NON-REQUIRED)		
FIRE ALARM (OWNER)		
FIRE EXTINGUISHERS & HOSES		
FIRE SPRINKLER		
FIXED FIRE SUPPRESSION		
KITCHEN SUPPRESSION		
PRE-ENGINEERED		

<b>PROPERTY PROTECTION ENDORSEMENT</b>	<b>QUALIFIER NAME</b>	<b>LICENSE NUMBER</b>
BANK LOCKING		
CLOSED CIRCUIT TV (CCTV)		
ON LOCKING		
DOOR HARDWARE		
DOOR HARDWARE CONSULTANT		
GATE SYSTEMS		
HOUSEHOLD FIRE		
LOCKSMITH		
SECURITY		
SPECIAL LOCKING		

Note: Any additional qualifiers can be added to a copy of this page.



**OFFICE OF STATE FIRE MARSHAL**

**LIFE SAFETY & PROPERTY PROTECTION  
FIRM APPLICATION**

**OWNERSHIP OF FIRM**

Check and complete the section below that applies to your firm. In the case of partnerships and corporations, all partners', principals' and officers' personal information must be provided. A principal is defined as one who holds an office in the corporation, is a board member or holds at least 5% interest in the firm.

<b>TYPE OF FIRM OWNERSHIP:</b>	<input type="checkbox"/> CORPORATION / LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL
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**CERTIFICATION**

I certify and declare that all information contained in this application is true and correct and that I have read and understood its contents. I also understand that any willful omission or falsification of pertinent information required in this application is justification for the denial, suspension and/or revocation of my firm's license and may subject me to criminal prosecution.

I hereby certify and declare that all employees of the firm are W-2 employees. I understand that any willful omission or falsification of pertinent information is justification for denial, suspension or revocation of the firm & employees' licenses by the Office of State Fire Marshal (R.S. 40:1664.6[A-H] and 1664.7[A-E]) and may subject me to criminal prosecution.

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.

- ❖ Life Safety license endorsements are not subject to background checks.
- ❖ Also, include a copy of all principals' drivers' license.
- ❖ Signatures of all principals are required.
- ❖ Property Protection firms must have a physical office within Louisiana.

All principals **MUST** sign, date and **MUST** fill out ALL of the personal information.

<b>NAME OF PRINCIPAL:</b>	<b>DATE OF BIRTH:</b>	<b>RACE:</b>	<b>SEX:</b>	<b>SSN:</b>	<b>DRIVER'S LIC. NO. / STATE:</b>
<b>SIGNATURE OF PRINCIPAL:</b>		<b>DATE SIGNED:</b>	<b>OFFICE USE ONLY:</b> <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

<b>NAME OF PRINCIPAL:</b>	<b>DATE OF BIRTH:</b>	<b>RACE:</b>	<b>SEX:</b>	<b>SSN:</b>	<b>DRIVER'S LIC. NO. / STATE:</b>
<b>SIGNATURE OF PRINCIPAL:</b>		<b>DATE SIGNED:</b>	<b>OFFICE USE ONLY:</b> <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

# OWNERSHIP OF FIRM

(CONTINUED)

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

NAME OF PRINCIPAL:	DATE OF BIRTH:	RACE:	SEX:	SSN:	DRIVER'S LIC. NO. / STATE:
SIGNATURE OF PRINCIPAL:		DATE SIGNED:	OFFICE USE ONLY: <input type="checkbox"/> BACKGROUND CHECK OBTAINED		

Note: Any additional principals can be added to a copy of this page.



LOUISIANA DEPARTMENT OF PUBLIC SAFETY  
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

LIFE SAFETY & PROPERTY PROTECTION  
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AFFIDAVIT OF EMPLOYEE QUALIFIER

Name of person making attestation: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ OSFM Firm License Number: \_\_\_\_\_

Please indicate all endorsement(s) for which you will qualify for the firm.

LIFE SAFETY	PROPERTY PROTECTION
<input type="checkbox"/> CONVEYANCE DEVICE INSPECTIONS	<input type="checkbox"/> BANK LOCKING
<input type="checkbox"/> CONVEYANCE DEVICE MECHANICS	<input type="checkbox"/> CLOSED CIRCUIT TV (CCTV)
<input type="checkbox"/> DOT HYDROSTATIC TESTING	<input type="checkbox"/> DETENTION LOCKING
<input type="checkbox"/> FIRE ALARM	<input type="checkbox"/> DOOR HARDWARE
<input type="checkbox"/> FIRE ALARM (NON-REQUIRED)	<input type="checkbox"/> DOOR HARDWARE CONSULTANT
<input type="checkbox"/> FIRE ALARM (OWNER)	<input type="checkbox"/> GATE SYSTEMS
<input type="checkbox"/> FIRE EXTINGUISHERS & HOSES	<input type="checkbox"/> HOUSEHOLD FIRE
<input type="checkbox"/> FIRE SPRINKLER	<input type="checkbox"/> LOCKSMITH
<input type="checkbox"/> FIXED FIRE SUPPRESSION	<input type="checkbox"/> SECURITY
<input type="checkbox"/> KITCHEN SUPPRESSION	<input type="checkbox"/> SPECIAL LOCKING
<input type="checkbox"/> PRE-ENGINEERED	

AFFIDAVIT

I hereby certify and declare that I am a paid employee of the firm listed above and I live within 150 miles of the office for which I qualify.

Furthermore, I shall not be affiliated with any other firm, as a qualifier, in my State Fire Marshal-licensed capacity as long as I am employed by the aforementioned firm. I will provide direct supervision of firm employees by routinely engaging in and regularly reviewing the daily life safety and/or 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

\_\_\_\_\_  
NAME OF FIRM OWNER/OWNER REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF QUALIFIER

\_\_\_\_\_  
SIGNATURE OF OWNER/OWNER REPRESENTATIVE







OFFICE OF STATE FIRE MARSHAL

AFFIDAVIT OF LIMITED REGULATED ACTIVITIES

NOTE: This affidavit applies only to firms and individuals who hold Locksmith and Security Endorsements.

Name of person making attestation: \_\_\_\_\_

Title of person making attestation:  FIRM OWNER  FIRM QUALIFIER

Name of firm: \_\_\_\_\_ OSFM License Number: \_\_\_\_\_

ATTESTATION OF FIRM OWNER / QUALIFIER

As owner and/or qualifier of the above-listed firm, I do hereby attest that while the firm currently holds a license endorsement through the Office of State Fire Marshal that authorizes it to conduct property protection activity including, but not limited to, the sale, installation, repair, service, inspection, and certification of special locking systems and equipment, which require the affixation of service and impairment tags, the above-listed firm will NOT engage in such activity at any time or in any manner.

I further attest that the regulated activity(ies) that will be conducted by the above-listed firm will be limited to the following (Check all that apply):

- The sale, installation and service of commercial and/or residential security systems and equipment, household fire warning and closed circuit television/camera systems and equipment. The term does not include special locking systems and equipment.
 The sale, installation and service of stand-alone electro/mechanical locks, and door hardware. The term does not include special locking or closed circuit television/camera systems and equipment.

I also acknowledge that I am exempt from the mandated use of service and impairment tags, as required by L.A.C. 55:V:3237 et seq., based on my decision not to conduct activities that require the use of the tags. However, should I decide to perform services that require tags, I shall submit an Acknowledgement of Firm Tagging Compliance form to the Office of State Fire Marshal.

\_\_\_\_\_  
SIGNATURE OF OWNER / QUALIFIER

\_\_\_\_\_  
PRINTED NAME OF OWNER / QUALIFIER

\_\_\_\_\_  
DATE

# FIRM APPLICATION

## FIRM CHECKLIST

NOTE: If all items required to be submitted at the time of application are not included with the required fees, the application will be returned to the submitting firm for correction and resubmittal.

- Completed firm application with current **email address** listed for the firm.
- Signatures of owners/principals on firm application in blue ink. **MUST** have full social security numbers, drivers' license numbers, license states and all information included and completed.
- \$500,000 general liability insurance certificate faxed or mailed from the insurance agency.
- Worker's compensation insurance certificate faxed or mailed from insurance agency.
- Copy of current and valid drivers' licenses of **ALL** owners/principals of the firm.
- Copy of current and valid occupational license, certifications, ecertificates of completion results for all requirements of applicants and/or qualifiers.
- The qualifier of each endorsement must fill out an affidavit. It does **NOT** need to be notarized. All qualifiers **MUST** live within 150 miles of the firm office in which they qualify.
- Send only **ONE company check or money order**, made payable to the **Office of State Fire Marshal** for the firm and all employee applications (Please DO NOT staple check to application).
- ALL** firms shall send an Acknowledgment of Firm Tagging Compliance form.
  
- ONLY NEW/INITIAL** Property Protection applicants owners/principals and individuals must submit to a background check through IdentoGo. Also, if an adding a new property protections endorsement license you must submit to a new background check.

All questions regarding this application should be directed to the Special Services Division at one of the telephone numbers below.