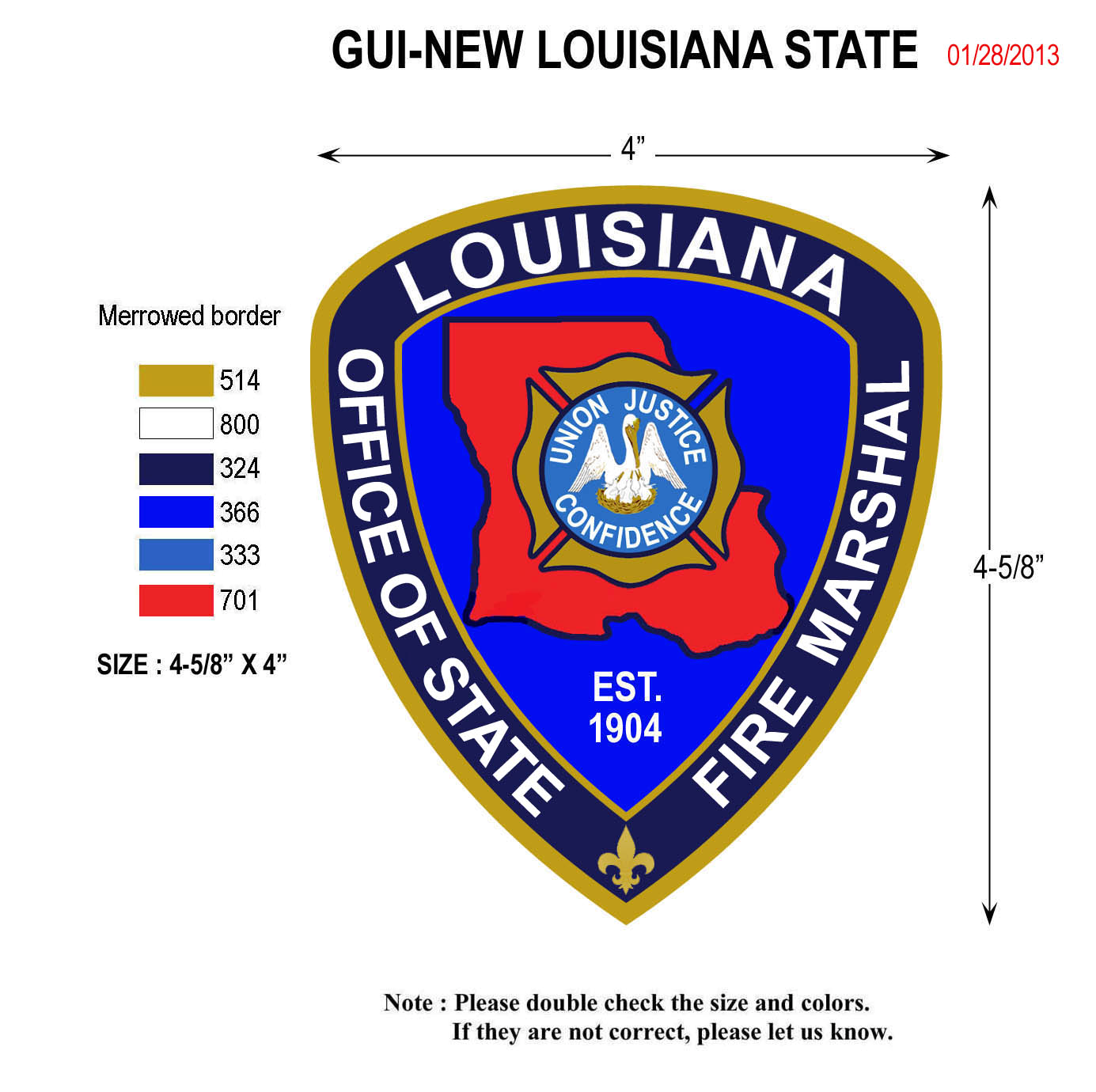
LOUISIANA DEPARTMENT OF PUBLIC SAFETY



PUBLIC SAFETY SERVICES

**OFFICE OF STATE FIRE MARSHAL**

**AMUSEMENT OPERATOR / INSPECTION FIRM APPLICATION**

**NOTE:** Pursuant to La. R.S. 40:1484.1 *et seq.,* in order to operate or inspect an inflatable amusement device, amusement attraction or amusement ride in Louisiana, firms must be annually licensed by the Office of State Fire Marshal.

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| **REASON FOR APPLICATION:** | | | | | | |
|  | INITIAL(NEW) / OWNERSHIP CHANGE  ($500.00) |  | RENEWAL  ($100.00) | ADDRESS CHANGE / REVISION  ($20.00) |  |  |

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| **FIRM ENDORSEMENT(S):** | | | |  |
| OPERATOR | OWNER-OPERATOR | SET UP INSPECTION | LIMITED THIRD PARTY INSPECTION | THIRD PARTY INSPECTION |

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| **FIRM NAME:** | | **DBA (ONLY ONE ALLOWED):** | | **MAILING ADDRESS:** | **SAME** | | |
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| **PHYSICAL ADDRESS:** | | | | **CITY:** | | **STATE:** | **ZIP:** |
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| **CITY:** | | **STATE:** | **ZIP:** | **CONTACT PERSON:** | | **TELEPHONE:** | |
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| **TELEPHONE:** | **EMAIL ADDRESS:** | | |  | | | |
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| **\*OWNER:** |  |  |  | |  |  | **\*\*AGENT OF SERVICE:** |  |  |  | |  |  |
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| **PHYSICAL ADDRESS:** | | | | | | | **PHYSICAL ADDRESS:** | | | | | | |
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| **CITY:** | | | | **STATE:** | **ZIP:** | | **CITY:** | | | | **STATE:** | | **ZIP:** |
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**\* Provide any additional owners’, members’, and officers’ information on page two (2) of this application.**

**\*\*Companies that are physically located outside of Louisiana are required to designate an agent of service.**

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| Is or has the firm been the subject of pending or past administrative or legal action(s) in other state or local jurisdictions? | YES | NO |

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| If yes, please provide a brief description: |
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| **ACKNOWLEDGEMENT:** The information entered on this application is true to the best of my knowledge and belief. I understand that any willful omission or falsification of pertinent information required on this application is justification for the issuance of an administrative penalty and/or denial, suspension, and/or revocation of any license issued by the Office of the State Fire Marshal. | | |
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| **SIGNATURE** |  | **DATE** |

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| (NOTE: This application must be signed by the individual owner, manager/member (LLC), or corporate officer listed above. No stamped or preprinted signatures will be accepted. The Fire Marshal is authorized to assess and collect fees as provided per La. R.S. 40:1484.18.) |

Please mail the completed application with the documentation listed below:

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|  | Submit samples of green and impairment tags (Yellow & Red) |
|  | Original certificate of insurance – general liability insurance – with a minimum of $1,000,000 in coverage. |
|  | Original certificate of insurance – worker’s compensation coverage (Louisiana law requires coverage when a firm employs more than two people, including the owner). |
|  | Documentation in the form of a local or parish occupational license, if such license exists, certificate of good standing from the Louisiana Secretary of State, or, for out-of-state firms, a certificate of good standing from the Louisiana Secretary of State listing the firm’s agent of service. |
|  | Detailed list of all amusement rides, amusement attractions, and/or inflatable amusement devices that will be used in the state. |

**NOTE:** Per La. R.S. 40:1484.1 *et seq*., an individual operator license or inspector license application, shall be submitted with the proper endorsements, respectively, for each employee of an operating firm designated as an operator or set-up inspector of the firm, as defined by law, and for each employee of a third-party inspection firm engaged in inspections and/or set-up inspections, as defined by law.

**Page 2 – Amusement Operator/Inspection Firm Application**

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|  | **OWNER** |  | **MANAGER / MEMBER (LLC)** | | |  | | **OFFICER** |  | **OWNER** |  | **MANAGER / MEMBER (LLC)** | | |  | **OFFICER** |
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| **OWNER** |  | **MANAGER / MEMBER (LLC)** | | |  | **OFFICER** | |  | **OWNER** |  | **MANAGER / MEMBER (LLC)** | | |  | **OFFICER** | |
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| **PHYSICAL ADDRESS:** | | | | | | | | **PHYSICAL ADDRESS:** | | | | | | | | |
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| **CITY:** | | | | **STATE:** | | | **ZIP:** | **CITY:** | | | | | **STATE:** | | | **ZIP:** |
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| **TELEPHONE:** | | | **EMAIL ADDRESS:** | | | | | **TELEPHONE:** | | | | **EMAIL ADDRESS:** | | | | |
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