LOUISIANA DEPARTMENT OF PUBLIC SAFETY

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

AMUSEMENT OPERATOR / INSPECTION FIRM APPLICATION

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

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

REASON FOR APPLICATION:

☐ INITIAL(NEW) ($500.00) ☐ RENEWAL ($250.00) ☐ ADDRESS CHANGE / REVISION ($20.00)

FIRM ENDORSEMENT(S):

☐ OPERATOR ☐ RIDE ONLY ☐ THIRD PARTY INSPECTION

FIRM NAME:	**DBA (ONLY ONE ALLOWED):**		**MAILING ADDRESS:** ☐ **SAME AS PHYSICAL**		
PHYSICAL ADDRESS:			**CITY:**	**STATE:**	**ZIP:**
CITY:	**STATE:**	**ZIP:**	**CONTACT PERSON:**	**TELEPHONE:**	
TELEPHONE:	**EMAIL ADDRESS:**				

***OWNER:**			****AGENT OF SERVICE:**		
OWNER PHYSICAL ADDRESS:			**AGENT OF SERVICE PHYSICAL ADDRESS:**		
CITY:	**STATE:**	**ZIP:**	**CITY:**	**STATE:**	**ZIP:**

*** 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.**

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

If yes, please provide a brief description:

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.

SIGNATURE **DATE**

(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:

☐ Submit samples of Green and impairment tags (Yellow & Red). – **Third-party inspectors only.**
☐ Certificate of Insurance – General Liability coverage with a minimum of $1,000,000 in coverage and all rides listed on the declaration page. .
☐ Certificate of Insurance – Worker's Compensation coverage (Louisiana law requires coverage when a firm employs more than two people, including the owner).
☐ 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.

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

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