



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF THE STATE FIRE MARSHAL

FIRM CERTIFICATION SIGNATURE PAGE

Name of Owner/Principal: _____

Name of Firm: _____ **License #** _____

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.

I hereby certify and declare that the firm's licensed employees are W-2 paid. I understand that any willful omission or falsification of pertinent information is justification for denial, suspension or revocation of firm's & employee's license by the Office of the State Fire Marshal. (R.S. 40:1664.6(A-H) and 1664.7(A-E))

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 driver's license.
- ❖ Signatures of all principals are still required.
- ❖ Property Protection firms must have a physical office within Louisiana.

PLEASE SIGN IN BLUE INK ONLY!

(Owner/Principal's Signature)

(Date Signed)

LOUISIANA STATE FIRE MARSHAL, LICENSING SECTION
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806
(225) 925-4911 FAX (225) 925-3699 1-800-256-5452
www.lasfm.org