

Iowa State Fire Marshal Division
Attn: SFM Licensing Administration
215 East Seventh Street
Des Moines, IA 50319
sfmlicense@dps.state.ia.us



RESPONSIBLE PERSON or EMPLOYEE POSSESSOR CRIMINAL HISTORY SCREENING QUESTIONS

RESPONSIBLE PERSON OR EMPLOYEE POSSESSOR NAME:

YOU MUST SUBMIT ONE FINGERPRINT CARD & WAIVER AGREEMENT & PRIVACY ACT STATEMENT WITH THIS FORM.

Current/Past Military Service? (*Attach completed the Military Training, Education, or Service Credit Application if requesting consideration of verified military education, training, or service as credit toward licensure.*) Yes No

Please answer "yes" or "no" to each of the following questions. **If you answer yes to any of the questions, provide a detailed explanation on a separate sheet of paper, including the name of the jurisdiction and the date(s) of the action(s) taken against you for each.**

Conviction as used in this application includes a conviction of an offense which if committed in this state would be a felony without regard to its designation elsewhere, and includes a finding or verdict of guilt made or returned in a criminal proceeding even if the adjudication of guilt is withheld or not entered.

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- Are you under indictment of information in any court for a crime punishable by imprisonment for a term exceeding one year?
Yes No
 - Are you a fugitive from justice?
Yes No
 - Are you under 21 years of age?
Yes No
 - Are you an unlawful user of, or addicted to, marijuana or any depressant or stimulant drug or narcotic drug?
Yes No
 - Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year?
Yes No
 - Have you ever been adjudicated as mentally incompetent or been committed to any mental institution?
Yes No

SIGNATURE ACKNOWLEDGEMENT:

I hereby acknowledge I am familiar with the applicable Iowa statutes and administrative rules and all statements made by me on this application are, to the best of my knowledge, true and correct. I understand any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license. I further understand the State Fire Marshal may deny, suspend, or revoke this license, or assess a civil penalty if any applicable provision of these rules or law is violated.

Signature:

Date:

Print Name:

Position/Title:

RETURN ALL FORMS TO THE ADDRESS ABOVE