



# ALARM SYSTEM CONTRACTOR LICENSE APPLICATION

This form is to be used to apply for a license as an Alarm System Contractor in the State of Iowa. Iowa Code Section 100C and the Iowa Administrative Rules 661 Chapter 277 govern this license program. Questions may be directed to the contact information above.

**LICENSE FEE STRUCTURE:** Fees may be paid online by credit card or ACH, or by check, payable to *Iowa State Fire Marshal Division or Treasurer, State of Iowa*.

- \$200 license fee
- \$50 for each endorsement selected
- \$50 for each responsible managing employee (RME) (*minimum: one listed on attached RME Applicant form*)
- \$35 criminal history background check for each RME (*fingerprint card & waiver statement must be submitted*)

**IOWA DIVISION OF LABOR CONTRACTOR REGISTRATION:** The State of Iowa requires all “construction contractors” to register with the Iowa Division of Labor and renew registration annually per Chapter 91C of the Iowa Code. More information is available on their website: <https://www.iowadivisionoflabor.gov/contractor-registration>

- *Attach a copy of your current contractor registration certificate. If you are exempt, you must attach written evidence of exemption from the Iowa Division of Labor.*

**LIABILITY INSURANCE COVERAGE:** The liability insurance must be on the ACCORD form and state the insurer is aware that the insured is engaged in the business of fire protection system installation and/or maintenance. Minimum insurance coverage required: \$1,000,000 per occurrence, \$500,000 per individual, and \$1,000,000 property damage.

- *Liability insurance showing coverage limits and dates on the ACCORD form must be submitted with this application.*

<b>CONTRACTOR INFORMATION:</b>	<i>New License</i>	<i>Renew License</i>	<i>Amend License</i>
Contractor Name:			
Mailing Address:			
City:	State:	Postal Code:	
Contact Name:	Contact Phone Number:	Contact Email:	

## ENDORSEMENT(S):

**The contractor named above engages in only installation of alarm systems.** Yes No

\*If yes, select each applicable endorsement(s) from the following list:

- Fire alarm system installation
- Nurse call system installation
- Security alarm system installation
- Dwelling unit alarm system installation

**The contractor named above engages in only maintenance inspection of alarm systems.** Yes No

\*If yes, select each applicable endorsement(s) from the following list:

- Alarm system maintenance inspection

**The contractor named above engages in installation AND maintenance inspection of alarm systems.** Yes No

\*If yes, select each applicable endorsement(s) from both lists above.

**FEE TOTAL ENCLOSED: \$**

## SIGNATURE ACKNOWLEDGEMENT:

I hereby certify that I am familiar with the applicable Iowa statutes and administrative rules in regards to the licensing program and that all statements made by me on this application are to the best of my knowledge true and correct. I understand that any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license. I further understand that 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.

Print Name:

Date:

Signature:

Position/Title:

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



# RESPONSIBLE MANAGING EMPLOYEE LICENSE APPLICANT

**RESPONSIBLE MANAGING EMPLOYEE APPLICANT:** attach additional copies of this form for each RME applicant

RME Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ cell work home  
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

Are you requesting consideration for licensure as a person licensed in another jurisdiction establishing residency in Iowa?  
*If yes, list the state(s) where you are currently licensed for consideration and mail the Verification of License in Other Jurisdiction to each state listed. All documentation from other jurisdiction(s) must be received before application will be reviewed or license issued. Include proof of Iowa residency such as Government-issued photo ID, Driver's License, Car Registration, Bank Statement, Utility Bill, Letter from the Government (marriage license, divorce decree, government aid), or Notarized Affidavit of Residency.*

List the endorsement(s) from the contractor application for which the RME is to be licensed:

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.*

1. Have you ever been convicted of a felony in the state of Iowa or any other federal or state jurisdiction?  
Yes No
2. Have you ever entered a plea of guilty or a plea of no contest to a felony accepted by the court in the state of Iowa or any other federal or state jurisdiction?  
Yes No
3. Have you ever been convicted of, entered a plea of guilty to, or a plea of no contest to any crime where the potential penalty was imprisonment for more than two (2) years, whether or not imprisonment was actually imposed?  
Yes No
4. Have you ever been barred from operating in another jurisdiction for this type of license?  
Yes No

**SIGNATURE ACKNOWLEDGEMENT:**

I hereby acknowledge I am familiar with 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: \_\_\_\_\_



## Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes  
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**Name of QE**) State Fire Marshal Division  
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

### NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

### RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



## Waiver Agreement and Privacy Act Statement (Cont.)

### FBI PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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### National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

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### ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one):  Licensee  Employee  Volunteer  Contractor/Vendor

**Please complete the following information as it appears on a valid identification document:**

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



## Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

\_\_\_\_\_ I understand that my fingerprints will be used to check the criminal history records of the FBI.

\_\_\_\_\_ I have been provided a copy of the Privacy Act Statement.

\_\_\_\_\_ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

\_\_\_\_\_ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

\_\_\_\_\_ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

\_\_\_\_\_ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I **have** been convicted of a crime

I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

### TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: State Fire Marshal Division

OCA: SFM

Address: 215 E 7<sup>th</sup> St, Des Moines, IA 50319

Phone: 515-725-6145

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and a copy of this executed agreement to the applicant prior to submitting the applicant's fingerprints to the DCI to be forwarded to the FBI.

QE Signature: *Jeanie G. [Signature]*

Date: 03/19/2021

The QE **must provide a copy of this Waiver Agreement to the applicant** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested.