

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



ALARM SYSTEM TECHNICIAN TRAINEE LICENSE APPLICATION

This form is to be used to apply for a license as an Alarm System Technician Trainee in the State of Iowa. Iowa Code Section 100C and the Iowa Administrative Rules 661 Chapter 277 govern this licensing 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.*

- \$50 license fee
- \$35 criminal history background check (*new license and 3rd license renewal application*)
 - (*fingerprint card & waiver statement must be submitted for new and 3rd renewal applications*)

EMPLOYMENT VERIFICATION: *Liability insurance showing coverage limits and dates on the ACCORD form must be submitted with this application as verification of employment.*

APPLICANT INFORMATION:	<i>New License</i>	<i>First Renewal</i>	<i>Second Renewal</i>	<i>Third Renewal</i>
Applicant Name:				Applicant Email:
Mailing Address:				
City:	State:	Postal Code:		
Phone Number:		cell	work	home

ENDORSEMENT:

Alarm System Technician Trainee

FEE TOTAL ENCLOSED: \$

LICENSED CONTRACTOR INFORMATION:

Contractor Name:		Contact Email:
Mailing Address:		
City:	State:	Postal Code:

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:

RETURN ALL FORMS TO THE ADDRESS ABOVE

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APPLICANT CRIMINAL HISTORY SCREENING QUESTIONS

APPLICANT NAME:

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?

(*Please note: not applicable for technician trainee license applicants.*)

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.

*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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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 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