



# 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: