



ALARM SYSTEM TECHNICIAN LICENSE APPLICATION

This form is to be used to apply for a license as an Alarm System Technician 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.*

- \$125 license fee
- \$25 for each endorsement selected
- \$35 criminal history background check (*fingerprint card & waiver statement must be submitted*)

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>Renew License</i>	<i>Amend License</i>
Applicant Name:		Applicant Email:	
Mailing Address:			
City:	State:	Postal Code:	
Phone Number:		cell	work home

ENDORSEMENT(S): *Select your endorsement(s) below and attached your qualifying certification*

The applicant above engages in installation only 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
- Alarm system component installation
- Dwelling unit alarm system installation

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

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

- Alarm system maintenance inspection

The applicant 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: \$

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: