

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