

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



VERIFICATION OF LICENSE IN OTHER JURISDICTION

Please complete this verification and mail to EACH issuing jurisdiction in which you are currently licensed. You may copy this form as many times as needed. Some issuing jurisdictions may require a fee for this service. Please contact them directly for more information.

"Issuing jurisdiction" means the duly constituted authority in another state that has issued a professional license, certificate, or registration to a person.

I am applying for a license as a _____ in the state of Iowa. The State Fire Marshal Division requires this form to be completed by each issuing jurisdiction wherein I hold professional/occupational licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **Iowa State Fire Marshal Division**. Your immediate response is appreciated.

Signature of Applicant

Print Name of Applicant

My Address: _____

My license number in your state is: _____

THE SECTION BELOW TO BE COMPLETED BY AN OFFICIAL OF THE ISSUING JURISDICTION OR OTHER STATE ENTITY AND RETURNED BY EMAIL, WITH ANY ATTACHED DOCUMENTATION, DIRECTLY TO THE IOWA STATE FIRE MARSHAL DIVISION, SFMLICENSE@DPS.STATE.IA.US.

State of: _____ Full Name of Licensee: _____

License Number: _____ Issue Date: _____ Expiration Date: _____

License Current: Yes No License Status: Active Inactive Other _____

If license is not current, please explain: _____

Has the licensee previously passed the required examination, minimum educational requirements, and/or work experience, as applicable, in the issuing jurisdiction? Yes No *Please attach brief explanation or outline of requirements.*

- 1) Has the licensee had a license revoked or voluntarily surrendered a license in the issuing jurisdiction while under investigation for unprofessional conduct? Yes No
- 2) Has the licensee ever had discipline imposed by any other regulating entity in this state or other issuing jurisdiction? Yes No
- 3) Has the cause for any discipline been corrected and the matter resolved? Yes No
- 4) Has the licensee had any complaint, allegation, or investigation pending before any regulating entity in another jurisdiction related to unprofessional conduct? Yes No

Please attach additional documentation (positive or negative) or comments related to this licensee for questions 1-4 above answered in the affirmative.

Issuing Jurisdiction: _____

State Licensing Board: _____

Official State or
Board Seal

Signature: _____

Title: _____

Signed this _____ day of _____, 20____