

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



# RESPONSIBLE MANAGING EMPLOYEE LICENSE APPLICANT

**RESPONSIBLE MANAGING EMPLOYEE APPLICANT:** attach additional copies of this form for each RME applicant

RME Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ cell work home  
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?  
*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.*

List the endorsement(s) from the contractor application for which the RME is to be licensed:

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.*

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 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: \_\_\_\_\_