

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)



## RELATED WORK EXPERIENCE AFFIDAVIT

---

**Applicant Name:**

---

I hereby attest that I have completed a minimum of three or more years of related work experience with a substantially similar scope of practice within the four years preceding the date of the attached license application.

I understand that this affidavit is to be filed with the State Fire Marshal Division in conjunction with an application for license as a person licensed in another jurisdiction.

All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me on this affidavit or on my application for licensure may result in the denial of the license application or suspension or revocation of the license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information on this affidavit and on my application may be verified and investigated.

I have read and understand the Iowa statutes and administrative rules in regards to the applicable licensing program and hereby agree to abide by their provisions.

---

**Signature of License Applicant**

---

**Print Name of License Applicant**

---

**Date of Signature**

---

**Name of Licensed Contractor Employer**

---

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Notary Public Signature* My Commission Expires \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

---