

# IOWA STATE FIRE MARSHAL DIVISION

**Attn: Licensing Administrator**

215 E Seventh Street; Des Moines, IA 50319

Email: [fmlicensinginfo@dps.state.ia.us](mailto:fmlicensinginfo@dps.state.ia.us)



## APPLICATION CHECKLISTS

(EFFECTIVE IMMEDIATELY)

**1. DO NOT mail an incomplete application packet or it will be returned to you.**

2. Questions left blank on any forms will delay processing of your application.

3. Military Veterans-include a copy of your DD214 and/or training records

### FIRE PROTECTION SYSTEM CONTRACTOR CERTIFICATION APPLICATION

- Fire Protection System Contractor Certification Application
- Certificate of Liability Insurance
- Copy of qualifying certification(s) for each endorsement selected

**\*\*You must recertify your certification prior to, or upon, expiration before you can renew your license.**

- Check made out to *Iowa Department of Public Safety* for the total fee
- Division of Labor Contractor Registration Number or proof of exemption
  - If you do not have one, please visit <http://www.iowaworkforce.org/labor/contractor.htm> and apply.

### FIRE PROTECTION SYSTEM INSTALLER LICENSING APPLICATION

- Fire Protection System Installer Licensing Application
- Copy of your employer's Certificate of Liability Insurance
- Copy of qualifying certification(s) for each endorsement selected

**\*\*You must recertify your certification prior to, or upon, expiration before you can renew your license.**

- Check made out to *Iowa Department of Public Safety* for the total fee

### ALARM SYSTEM CONTRACTOR CERTIFICATION APPLICATION

- Alarm System Contractor Certification Application
- Certificate of Liability Insurance
- Copy of qualifying certification(s) for each endorsement selected

**\*\*You must recertify your certification prior to, or upon, expiration before you can renew your license.**

- Check made out to *Iowa Department of Public Safety* for the total fee, including criminal history
- One (1) Fingerprint card (FBI form FD-258) inked or Live Scan in black ink
- Completed and signed Waiver form
- Division of Labor Contractor Registration Number or proof of exemption
  - If you do not have one, please visit <http://www.iowaworkforce.org/labor/contractor.htm> and apply.

### ALARM SYSTEM INSTALLER CERTIFICATION APPLICATION

- Alarm System Contractor Certification Application
- Copy of your employer's Certificate of Liability Insurance
- Copy of qualifying certification(s) for each endorsement selected

**\*\*You must recertify your certification prior to, or upon, expiration before you can renew your license.**

- Check made out to *Iowa Department of Public Safety* for the total fee, including criminal history
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**ALARM SYSTEM INSTALLER CERTIFICATION APPLICATION**

New Certification  Renewal (Certification#: \_\_\_\_\_)  Amend (Certification#: \_\_\_\_\_)

**APPLICANT INFORMATION:** (please type or print clearly)

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**LIABILITY INSURANCE COVERAGE:** A copy of your employer's Certificate of Liability Insurance showing coverage limits and coverage dates **must be submitted with the application.**

**CRIMINAL HISTORY REVIEW:** All parties certified under this program are **required to submit a fingerprint card at the time of application or renewal** in order to undergo a national criminal history check through the Federal Bureau of Investigation. A fingerprint card can be obtained from your local police or sheriff's office or sent to you upon request.

**APPLICANT SCREENING QUESTIONS:**

1. Have you ever been convicted of a felony in the state of Iowa or any other federal or state jurisdiction?  Yes  No  
If yes, please explain \_\_\_\_\_
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 If yes, please explain \_\_\_\_\_
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 one (1) year, whether or not imprisonment was actually imposed?  Yes  No  
If yes, please explain \_\_\_\_\_
4. Have you ever been barred from operating as a alarm system installer in another jurisdiction? Yes  No   
If yes, please explain fully on a separate sheet of paper, and include the name of the jurisdiction and the date(s) of the action(s) taken against you.

**CERTIFICATION ENDORSEMENTS:** Please check all that apply. Applicant must possess at least one of the listed certifications below the selected endorsement(s).

**Endorsement 1 – Fire Alarm System Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET II Fire Alarm Systems (attach copy of NICET card)
- ESA II Certified Alarm Technician (attach copy of ESA card)

**Endorsement 2 – Nurse Call System Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET I Fire Alarm Systems (attach copy of card)
- ESA I Certified Alarm Technician (attach copy of card)
- Certification by a nurse call system manufacturer (attach copy of manufacturer training certificate)
- Certification by a licensed nurse call contractor employer (attach letter from employer)
- Master or Journeyman Electrician by Iowa Electrical Examining Board (attach copy of license)

**Endorsement 3 – Security Alarm System Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET I Fire Alarm Systems (attach copy of card)
- ESA I Certified Alarm Technician (attach copy of card)
- Elite CEU Alarm II (attach copy of certificate)

**Endorsement 4 - Alarm System Maintenance Inspector Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET I Fire Alarm Systems or II Inspection & Testing of Fire Alarm Systems (attach copy of card)
- ESA I Certified Alarm Technician (attach copy of card)

**Endorsement 5 - Dwelling Unit Alarm System Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET I Fire Alarm Systems (attach copy of card)
- ESA I Certified Alarm Technician (attach copy of card)
- Elite CEU Alarm I (attach copy of certificate)
- Master or Journeyman Electrician by Iowa Electrical Examining Board (attach copy of license)

**Endorsement 6 – Alarm System Component Installer**

- Licensed Professional Engineer State of Iowa-emphasis Alarm Systems (attach copy of license)
- NICET I Fire Alarm Systems (attach copy of card)
- ESA I Certified Alarm Technician (attach copy of card)
- Master or Journeyman Electrician by Iowa Electrical Examining Board (attach copy of license)

**Endorsement 7 – Alarm System Installer Assistant** An Alarm System Installer Assistant may perform work which requires certification under this Chapter only under direct supervision of an Alarm Installer whose certification contains one or more endorsements provided in subrule 277.6(1), paragraphs “a” through “f” and must be within the scope of work authorized by the endorsements held by the supervising installer.

**CERTIFICATION FEES:**

Installer Certification Fee (Three Year Certification - \$150.00)	\$ _____
Installer Assistant Certification Fee (One Year Certification- \$50.00)	\$ _____
Additional Endorsements (not including first endorsement) _____ x \$25.00	\$ _____
Criminal History Review ( <u>submit fingerprint card</u> )	\$ <u>35.00</u>
Total Fees Submitted	\$ _____

*All checks, warrants, or money orders shall be made payable to “**Iowa Department of Public Safety**”. We are unable to accept credit card payments at this time.*

**I hereby certify that I am familiar with the Iowa statutes and administrative rules in regards to the Certification Program for Alarm Systems 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 the certification. I further understand that the State Fire Marshal may deny, suspend, or revoke the certification of an installer or assess a civil penalty to an installer, if any provision of these rules or any other provision of law related to operation as an alarm system installer is violated.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**VERIFICATION OF LICENSURE OR CERTIFICATION**

Please complete this form and mail a copy to each state board or jurisdiction in which you are now or have ever been certified or licensed to practice as a(n) \_\_\_\_\_ installer. You may copy this form as many times as needed. Some boards require a fee for this service. Please contact them.

I am applying for a certification or license as a(n) \_\_\_\_\_ installer in the state of Iowa. The Iowa State Fire Marshal Division requests this form be completed by each state wherein I hold or have ever held certification or licensure. This is your authority to release any information in your files, favorable or otherwise, DIRECTLY to the Iowa State Fire Marshal Division, Licensing Administrator, 215 E 7th Street, Des Moines, IA 50319. Your early response is appreciated.

Signature of Applicant: \_\_\_\_\_ Name (please print): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

My certification or license number in your state is: \_\_\_\_\_

**DO NOT DETACH -- This section is to be completed by an official of the state board and returned directly to the Iowa State Fire Marshal Division, Licensing Administrator.**

State of: \_\_\_\_\_ Full name of Licensee: \_\_\_\_\_

Certification or License Number: \_\_\_\_\_ Original Certification or License/Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Certification or License is Current?  Yes  No If No, please explain:

Has certification or license been suspended, revoked, placed on probation or otherwise disciplined?  Yes  No If Yes, please explain and attach documentation:

Has licensee ever been requested to appear before your board during a public meeting or discussion, or is there public record of any appearance before your board?  Yes  No If Yes, please explain and attach documentation:

Has licensee ever reported any criminal conviction(s)?  Yes  No If Yes, please explain and attach documentation:

Comments, if any: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State Board: \_\_\_\_\_

**State or Board Seal**



## Waiver Agreement and Statement

For National Criminal History Record Checks  
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

I hereby authorize (*Name of QE*) State Fire Marshal Division  
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the QE with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the QE may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the QE may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I **have** been convicted of a crime                       I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am a current or prospective (check one):     Licensee     Employee     Volunteer     Contractor/Vendor

Please complete the following information as it appears on valid photo identification:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE QUALIFIED ENTITY:**

QE Name: State Fire Marshal Division OCA: SFM

Address: 215 E Seventh Street, Des Moines, IA 50319

Telephone: 515-725-6145 Fax: 515-725-6172

**This waiver must be retained at the QE for one year after the applicant is no longer relevant to the QE or one year post audit by DCI, whichever is longer. Do not send to DCI unless requested.**

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

Doe John A

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

IA920091Z  
FIRE MARSHAL DIV  
DES MOINES, IA

DATE OF BIRTH DOB  
Month Day Year  
1 1 71

RESIDENCE OF PERSON FINGERPRINTED

102 W 1st St.  
Des Moines, IA 50319

CITIZENSHIP CTZ

SEX M RACE C HGT 6'-2" WGT 200 EYES Blue HAIR Blond PLACE OF BIRTH POB Des Moines, IA

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

XX Do Not Fill IN XX

LEAVE BLANK

EMPLOYER AND ADDRESS

Fire Alarm Contractors, Inc  
911 South St.  
Des Moines, IA 50319

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. 000

000-00-0000

MISCELLANEOUS NO. MNU

REF.

XX Do Not Fill IN XX

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

*(Note: The fingerprint area contains a large blue scribble that reads "SAMPLE" diagonally across the grid.)*





## **NONCRIMINAL JUSTICE APPLICANT'S RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as licensing, employment, or adoption), you have certain rights which are discussed below:

- You must be provided written notification that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Iowa Department of Public Safety  
Division of Criminal Investigation

**KEEP FOR YOUR RECORDS**