

# Application for Certification for an Alarm System Contractor



**IOWA STATE FIRE MARSHAL'S OFFICE**  
**215 E 7<sup>th</sup> STREET**  
**DES MOINES, IA 50319**  
**PH: 515-725-6145 FAX: 515-725-6172**

NEW     AMEND     RENEWAL

This form is to be used to apply for certification as an Alarm System Contractor in the State of Iowa. This certification program is governed by Iowa Code Section 100C.7 and Iowa Administrative Rules Chapter 277. Additional information on this program is available at: <http://www.dps.state.ia.us/fm/alarm/forms.shtml>. Please type or print legibly if not completing online.

**APPLICANT INFORMATION:**

<b>Business Name:</b>		<b>Doing Business As (DBA):</b>	
<b>Address of Business:</b>		<b>City, State, Zip:</b>	
<b>Business Telephone:</b>	<b>Business Fax:</b>	<b>Business Email:</b>	
<b>Name and Title of Person Completing Application:</b>		<b>Business Webpage (Optional):</b>	
<b>State of Iowa Contractor Number :</b>			<input type="checkbox"/> N/A

Has the Contractor applying for certification above, been registered, and licensed or certified in another state or local jurisdiction to perform similar work:  Yes     No.

\*\*\* If yes, please complete the information requested in the box below (attach additional sheets if necessary):

Name of Fire Alarm Contractor:	Jurisdiction(s) issuing License or Certification:	Describe Any Disciplinary Actions Taken Against Licensee:

**RESPONSIBLE MANAGING EMPLOYEE (RME):** Each alarm system contractor shall designate one or more responsible managing employees. Alternate RME's are optional.

Name of RME:	Primary or Alternate RME	Endorsement(s) Covered:

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**CERTIFICATION ENDORSEMENTS:**

I am applying for endorsements in the following areas: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> 1) Fire Alarm System Contractor     | <input type="checkbox"/> 4) Alarm System Maintenance Inspector Contractor |
| <input type="checkbox"/> 2) Nurse Call System Contractor     | <input type="checkbox"/> 5) Dwelling Unit Alarm System Contractor         |
| <input type="checkbox"/> 3) Security Alarm System Contractor |   |

If applying for Alarm System Contractor on this application, check the method below by which the RME requirements of Rule 277.3(4) b. are being met:

- Current licensure as a professional engineer by the State of Iowa. PE# \_\_\_\_\_.
- OR**
- Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level III or higher in fire alarm systems.  
NICET Certification number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_.
- OR**
- Has satisfactory completed an applicable third party training or certification program which has been pre-approved by the state fire marshal. Specify approved program: \_\_\_\_\_.

If applying for Nurse Call System Contractor on this application, check the method below by which the RME requirements of Rule 277.3(4) c. are being met:

- Current licensure as a professional engineer by the State of Iowa. PE# \_\_\_\_\_.
- OR**
- Current certification by a nurse call system manufacturer. System Manufacturer \_\_\_\_\_.
- OR**
- Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level II or higher in fire alarm systems or audio systems.  
NICET Certification number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_.
- OR**
- Has satisfactory completed an applicable third party training or certification program which has been pre-approved by the state fire marshal. Specify approved program: \_\_\_\_\_.

If applying for Security Alarm System Contractor on this application, check the method below by which the RME requirements of Rule 277.3(4) d. are being met:

- Current licensure as a professional engineer by the State of Iowa. PE# \_\_\_\_\_.
- OR**
- Current certification by NBFAA as an Advanced Alarm Technician (Level II) or higher.
- OR**
- Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level II or higher in fire alarm systems.  
NICET Certification number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_.

**OR**

- Has satisfactory completed an applicable third party training or certification program which has been pre-approved by the state fire marshal. Specify approved program: \_\_\_\_\_.

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If applying for Alarm System Maintenance Inspector Contractor on this application, check the method below by which the RME requirements of Rule 277.3(4) e. are being met:

- Current licensure as a professional engineer by the State of Iowa. PE# \_\_\_\_\_.

**OR**

- Current certification by NBFAA as an Advanced Alarm Technician (Level II) or higher.

**OR**

- Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level II or higher in fire alarm systems.

NICET Certification number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_.

**OR**

- Has satisfactory completed an applicable third party training or certification program which has been pre-approved by the state fire marshal. Specify approved program: \_\_\_\_\_.

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If applying for Dwelling Unit Alarm System Contractor on this application, check the method below by which the RME requirements of Rule 277.3(4) f. are being met:

- Current licensure as a professional engineer by the State of Iowa. PE# \_\_\_\_\_.

**OR**

- Current certification by NBFAA as a certified alarm technician (Level I) or higher.

**OR**

- Current certification by the National Institute for Certification in Engineering Technologies (NICET) at level I or higher in fire alarm systems.

NICET Certification number \_\_\_\_\_ and Expiration Date: \_\_\_\_\_.

**OR**

- Has satisfactory completed an applicable third party training or certification program which has been pre-approved by the state fire marshal. Specify approved program: \_\_\_\_\_.

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**INSURANCE COVERAGE:** Certificate of Insurance showing coverage limits and coverage dates must be submitted with application.

<b>Name of Carrier</b>	<b>Address of Carrier</b>	<b>City, State, Zip</b>
<b>Carrier Phone Number</b>	<b>Policy Number</b>	<b>Policy Expiration Date</b>
<b>Coverage Limit per Person</b>	<b>Coverage Limit per Occurrence</b>	<b>Coverage Limit Property Damage</b>

**NOTE:** Certificate of Insurance showing coverage limits and coverage dates must be submitted with application. The Certificate of Insurance must state that the insurer is aware of the fact that the insured is engaged in the business of automatic alarm systems installation and/or maintenance. See Rule 277.4(2) for minimum insurance coverage required.

**FEES:**

<b>Contractor Certification Fee (Three Year Certification)</b>	<b>\$ 300.00</b>
<b>Additional RME's (not including the first RME) _____ x \$50.00</b>	<b>\$</b>
<b>Additional Endorsements (not including the first endorsement) _____ x \$50.00</b>	<b>\$</b>
<b>Total Fee Submitted:</b>	<b>\$</b>

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.

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

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

**CHECK OFF LIST:**

This completed this application, fees and any supporting documentation should be submitted to the address above at least thirty (30) days in advance of bidding on work covered by Iowa Code 100C.7:

Please check off that the following is included in your submittal before you send into the State Fire Marshal's Office.

- Application, filled out completely.
- Copy of any documentation regarding disciplinary action taken against the licensee.
- Copy of any documentation which qualifies the RME to certify for an endorsement:
  - PE License
  - NICET Certificate
  - NBFAA Certificate
  - Nurse Call Manufacturer
  - Other as approved by the State Fire Marshal
- Copy of your certificate of insurance; including an acknowledgement from the insurer.
- Fee for certification

For Office Use Only:

Application Form Ver. 3.1  
Established 11/3/2008