

AFFIDAVIT FORM FOR FIRE PROTECTION SYSTEM INSTALLER LICENSE



Iowa Department of Public Safety
State Fire Marshal's Office
215 East 7th Street
Des Moines, IA 50319

VERIFICATION OF WORK – FIRE PROTECTION SYSTEMS INSTALLER/
MAINTENANCE WORKER

AFFIDAVIT OF WORK EXPERIENCE

I hereby attest that I have at least 8500 hours of work experience as a fire protection system installer or fire protection system maintenance worker.

I understand that this affidavit is to be filed with the State Fire Marshal's Office in conjunction with an application for a Fire Protection System Installer & Maintenance Worker License.

All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this affidavit or in my application for certification may result in the denial of a certification application or suspension or revocation of a certification, 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 in this affidavit and in my application may be verified and investigated.

I have read and understand 661 Iowa Administrative Code, Chapter 276, "Licensing of Fire Protection Installers and Maintenance Workers (Iowa Code 100D) and hereby agree to abide by its provisions.

I attest that I have met the experience requirements for a fire protection system installer or fire protection system maintenance worker.

Print Name of Person Signing Affidavit

Signature of Person Signing Affidavit

Name of Business

Date

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public Signature

My Commission Expires _____

State of _____ County of _____