

**Iowa Department of Public Safety
State Fire Marshal Division
Automatic Fire Extinguishing System Contractor
Application for Certification**

This form is to be used to apply for certification as an Automatic Fire Extinguishing System Contractor in the State of Iowa. This certification program is governed by Iowa Code Section 100C.7 and Iowa Administrative Rules Chapter 275. Additional information on this program is available at: <http://www.state.ia.us/government/dps/fm/fescap/index.htm>. Please type or print legibly is not completing online.

APPLICANT INFORMATION

Business Name	Address of Business	City, State, Zip
Business Telephone	Business Fax	Business Email
Name and Title of Person Completing Application		BusinessWebpage (Optional)

CERTIFICATION ENDORSEMENTS:

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

- 1) Automatic sprinkler system layout. (Includes endorsements 1a. and 1b.)
 - a. Installation of pre-engineered water-based fire suppression systems in 1 & 2 family dwellings.
 - b. Testing and inspection of water-based systems.
- 2) Special hazards suppression systems. (Includes endorsement 2a.)
 - a. Installation of preengineered dry chemical or wet agent fire suppression systems.

RESPONSIBLE MANAGING EMPLOYEE (RME):

(Alternates are optional)

Name of RME	Endorsement(s) Covered	Name of Alternate RME
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Has the Contractor applying for certification above, been registered, 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 Extinguishing Contractor Business	Jurisdiction(s) Issuing License or Certification	Describe Any Disciplinary Actions Taken Against License

If applying for Endorsements #1 and/or #2 on this application, check the method below by which the RME requirements of Rule 275.3(4) a. or 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 above in fire protection technology, for automatic sprinkler systems, special hazards suppression systems, or both. NICET Certification #_____ & Expiration Date: _____.

If applying for Endorsement #2a. only, on this application, check the method below by which the RME requirements of Rule 275.3(4) c. are being met:

- Satisfactory completion of any training required by the manufacturer for each system or systems which the contractor installs;
- AND** one of the following three:
- Has achieved Certification by the NICET at level II or above in fire protection technology for special hazards suppression systems, NICET Certification # & Expiration Date_____; **or**
- Certification by the National Association of Fire Equipment Distributors in preengineered kitchen fire suppression systems or preengineered industrial fire suppression systems; **or**
- Has satisfactory completed an applicable training or testing program which has been pre-approved by the state fire marshal. Specify approved program: _____.

If applying for Endorsement #1a. only, on this application, check the method below by which the RME requirements of Rule 275.3(4) d. are being met:

- Satisfactory completed any training required by the manufacturer for the installation of any system the contractor installs; Specify systems trained on: _____.
- AND**
- Satisfactory completion of an applicable training or testing program which has been approved by the fire marshal. Specify approved program: _____.

If applying for Endorsement #1b. only, on this application, check the method below by which the RME requirements of Rule 275.3(4) e. are being met:

- Current certification from the NICET at level III in fire protection technology, inspection and testing of water-based systems. NICET Certification # & Expiration Date_____.

INSURANCE COVERAGE:

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

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 fire extinguishing system installation and/or maintenance. See Rule 275.4(2) for minimum insurance coverage required.

CERTIFICATION FEES: Check the box for when you are applying:

<input type="checkbox"/>	If applying between the dates of April 1 and June 30. Enclose Certification Fee of \$500.00.
<input type="checkbox"/>	If applying between the dates of July 1 and September 30. Enclose Certification Fee of \$400.00.
<input type="checkbox"/>	If applying between the dates of October 1 and December 31. Enclose Certification Fee of \$300.00.
<input type="checkbox"/>	If applying between the dates of January 1 and March 31. Enclose Certification fee of \$200.00.

ADDITIONAL FEES:

Number of RME's, not counting the first RME: _____ X \$50.00 each = _____ enclosed.
Number of endorsements requested, not including the first endorsement _____ X \$50.00 = _____ enclosed.

Total Fees Submitted:

I hereby certify that I am familiar with the Iowa statutes and administrative rules in regards to the Certification Program for Automatic Fire Extinguishing System Contractors 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 _____

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

Iowa State Fire Marshal's Office
215 E 7th St.
Des Moines, IA 50319

Application Form Ver. 5.0
Established 1/27/2009