



**City of West Des Moines and West Metro-Clive, Urbandale, and Waukee  
Application for Designers, Contractors, Installers and/or Monitors of  
Alarm Systems and/or Fire Suppression Systems**

**New Applicant**       **Renewal**       **Amendment**      Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business EIN #: \_\_\_\_\_

Certified *State of Iowa* Alarm System Contractor? Yes No If yes, License #: \_\_\_\_\_

Certified *State of Iowa* Alarm System Installer? Yes No If yes, License #: \_\_\_\_\_

Certified *State of Iowa* Automatic Fire Extinguishing System Contractor? Yes No If yes, License #: \_\_\_\_\_

Certified *State of Iowa* Electrician/Electrical Contractor? Yes No If yes, License #: \_\_\_\_\_

**Requested Endorsements (check all that apply):**

**Note:** When applying for two or more permits, pay for one at First Permit Price, each additional permit thereafter is \$25. (Example: A company with two permits, such as Alarm System Contractor & Alarm System Installer, would pay \$125. A company with all five permits would pay \$200.) Do not pay for each check box item individually.

	First Permit Price	Subsequent Permit Fee	Amount Due
_____ <b>Alarm System Contractor Permit</b> .....	\$100.00	\$25.00	_____
<b>(Must provide a copy of State of Iowa Certification with the completed application)</b>			
<input type="checkbox"/> Fire alarm system contractor (1a) <input type="checkbox"/> Nurse call system contractor (1b) <input type="checkbox"/> Security alarm system contractor (1c) <input type="checkbox"/> Alarm system maintenance inspection contractor (1d) <input type="checkbox"/> Dwelling unit alarm system contractor (1e)			
_____ <b>Alarm System Installer Permit</b> .....	\$100.00	\$25.00	_____
<b>(Must provide a copy of State of Iowa Certification with the completed application)</b>			
<input type="checkbox"/> Fire alarm system installer (2a) <input type="checkbox"/> Nurse call system installer (2b) <input type="checkbox"/> Security alarm system installer (2c) <input type="checkbox"/> Alarm system component installer (2d) <input type="checkbox"/> Alarm system maintenance inspection installer (2e) <input type="checkbox"/> Dwelling unit alarm system installer (2f) <input type="checkbox"/> Alarm system installer assistant (2g)			
_____ <b>Fire Suppression System Contractor Permit</b> .....	\$100.00	\$25.00	_____
<b>(Must provide a copy of State of Iowa Certification with the completed application)</b>			
<input type="checkbox"/> Automatic Sprinkler System Layout (1) <input type="checkbox"/> Installation of pre-engineered water-based fire suppression systems (1a) <input type="checkbox"/> Testing and inspection of water-based fire suppression systems (1b) <input type="checkbox"/> Special Hazards Suppression Systems (2) <input type="checkbox"/> Installation of pre-engineered dry chemical or wet agent fire suppression systems (2a) <input type="checkbox"/> Fire Extinguishers (3) (Must provide a NFPA Certificate of competency for extinguisher service or equivalent and approved by the West Des Moines Fire Prevention office)			
_____ <b>Design Services Permit</b> .....	\$100.00	\$25.00	_____
<b>(Must provide field specific NICET III Certification or equivalent with the completed application)</b>			
<input type="checkbox"/> Fire alarm systems <input type="checkbox"/> Security alarm systems <input type="checkbox"/> Fire suppression systems <input type="checkbox"/> Automatic fire sprinkler systems <input type="checkbox"/> Special hazards suppression systems <input type="checkbox"/> OTHER, please specify _____			
_____ <b>Monitoring Services Permit</b> .....	\$25.00	\$25.00	_____
<b>(Must provide UL or FM Certification with the completed application)</b>			

\*\*\*\* Complete Reverse Side \*\*\*\*

**Total Due:** \_\_\_\_\_

