



Iowa Plumbing & Mechanical Systems Board Post Examination Application for Licensure

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL REQUIRED ITEMS HAVE BEEN SUBMITTED, INCLUDING APPLICABLE LICENSE FEE. *ALL FIELDS IDENTIFIED WITH * MUST BE COMPLETE IN ORDER TO PROCESS.

Part I – Personal and License Information

Last Name *		First Name *		Middle Initial	Date of Birth *
Iowa Plumbing & Mechanical License # (if applicable):			Are you a registered contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your contractor registration number:		
Personal Mailing Address One: *				Address Two:	
City *	State *	Zip Code *	County *	Telephone * ()	
Business Name:					
Address One:			Address Two:		
City	State	Zip Code	County	Telephone ()	

Please check which address to send correspondence: Business Personal
The city/state of this address will be listed on licensediniowa.gov with license identification.

Part II – License Type

Designate Type of License *:					
<input type="checkbox"/> Master		<input type="checkbox"/> Inactive Master/Active Journeyman –		<input type="checkbox"/> Journeyman	
Discipline:		Discipline:		Discipline:	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
<input type="checkbox"/> HVAC/R	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> HVAC/R	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> HVAC/R	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Hydronics	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Hydronics	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	<input type="checkbox"/> Sheet metal	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
				<input type="checkbox"/> Mechanical	<input type="checkbox"/> Active <input type="checkbox"/> Inactive

Part III - Examination Information:

Note – License applications must be submitted within two years of date of passing examination score to be considered valid.

1st Passed Examination		2nd Passed Examination	
Examination Trade:		Examination Trade:	
Date of Examination:	% Score:	Date of Examination:	% Score:
Location of Examination:		Location of Examination:	
3rd Passed Examination		4th Passed Examination	
Examination Trade:		Examination Trade:	
Date of Examination:	% Score:	Date of Examination:	% Score:
Location of Examination:		Location of Examination:	

Part IV – Apprentice Completion Certificate Information

*For Journey Applicants completing an Apprenticeship:		
Apprentice Identification Number *:	Apprenticeship Start Date *:	Apprenticeship Completion Date:*
Sponsor Name *:	Sponsor Department of Labor Program Number *:	

Part V – Screening Questions * (All required)

The following questions must be answered. If you answer “Yes” to questions below (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. Your application will be referred to the Plumbing & Mechanical Systems Board for review. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record.

Have you ever been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
Have you ever been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
Have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
Have you ever developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
Have you ever been engaged in illegal or improper use of drugs or other chemical mood altering substances?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
If answering Yes to any of the above questions please provide a brief explanation:	

Part VI – Applicant Signature

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on, or in support of, this application, I understand that my license may be subject to disciplinary action, license revocation and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally, in submitting this application, I consent to any reasonable inquiry, including a licensing audit that may be necessary, to verify the information I have provided on, or in conjunction with, this application.

An applicant is responsible for the accuracy of the data regardless of who completes and submits the applicant's licensure application.

All fees are nonrefundable. Incomplete applications shall be considered invalid after 90 days and shall be destroyed. Applications may take 4-6 weeks for processing.

Applicants Printed Name *:	Applicants Signature *:
Date of Signature *:	

Privacy Act Notice: Disclosure of your Social Security Number is required by 42 U.S.C. § 666(a) (13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees. This information may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security Number *	Last Name *
--------------------------	-------------

SUBMIT COMPLETED APPLICATIONS TO:

Iowa Plumbing & Mechanical Systems Board
 Iowa Dept of Public Health
 321 E 12th Street
 Des Moines, IA 50319

Fee Chart

Select the date range you are applying during. Follow the line over to the license type and that is your total fees due for a single license.

New Purchase &/or Expiration Date of License	Journey	Master	IM/Active Journey
07/01/2014 to 12/31/2014	\$180.00	\$240.00	\$230.00
01/01/2015 to 06/30/2015	\$150.12	\$200.16	\$191.82
07/01/2015 to 12/31/2015	\$120.06	\$160.08	\$153.41
01/01/2016 to 06/30/2016	\$90.00	\$120.00	\$115.00
07/01/2016 to 12/31/2016	\$59.94	\$79.92	\$76.59
01/01/2017 to 06/30/2017	\$30.06	\$40.08	\$38.41

*For multiple licenses take the fee times number of license and minus 30%.

*If an applicant currently holds an active apprentice or journey trade licenses and passes the examination for the next license level, the upgraded license will be issued to the June 30th of the current license renewal cycle.