



Iowa Plumbing & Mechanical Systems Board Examination Candidate Application

An application is not considered complete and will not be processed until all items have been submitted as required. All fields indicated with an * must be completed. The applicable examination candidate fees must accompany this application.

Submit Completed Applications To: Iowa Dept. of Public Health
Iowa Plumbing & Mechanical Systems Board
Lucas State Office Building
321 E 12th Street
Des Moines, IA 50319

Part I - Personal Information

Last Name *		First Name *		Middle Initial
Date of Birth *	E-mail Address		Telephone *()	
Personal Mailing Address (Street or PO Box) *				
Address One:				
Address Two:				
City *	State *	County *	Zip Code *	
Business Name:			Telephone ()	
Address One:				
Address Two:				
City	State	County	Zip Code	

Please check which address to send correspondence: Business Personal

This address may be listed on licensediniowa.gov with your license identification.

Current Iowa Plumbing & Mechanical License # (if applicable):	Are you a registered contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your contractor registration number: _____
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Part II – Examination Type

Master Examinations:		
Designate discipline and examination qualification option for each requested examination *:		
	Option One: Previously licensed as a Master:	Option Two: Previously licensed as journey and 2 years work experience
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Master See Section A – Option One	<input type="checkbox"/> Journey See Section B – Option Two
<input type="checkbox"/> HVAC/Refrigeration	<input type="checkbox"/> Master See Section A – Option One	<input type="checkbox"/> Journey See Section B – Option Two
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Master See Section A – Option One	<input type="checkbox"/> Journey See Section B – Option Two
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Master See Section A – Option One	<input type="checkbox"/> Journey See Section B – Option Two

Journeyperson Examination: Designate discipline and examination qualification option for each requested examination *:		
	Option One: Completion of a United States Department of Labor Apprenticeship:	Option Two: Work Experience/Training (work must be completed prior to 01/01/2010)
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Apprentice See Section C – Option One	<input type="checkbox"/> Journey See Section D – Option Two
<input type="checkbox"/> HVAC/Refrigeration	<input type="checkbox"/> Apprentice See Section C – Option One	<input type="checkbox"/> Journey See Section D – Option Two
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Apprentice See Section C – Option One	<input type="checkbox"/> Journey See Section D – Option Two
<input type="checkbox"/> Sheet metal	<input type="checkbox"/> Apprentice See Section C – Option One	<input type="checkbox"/> Journey See Section D – Option Two
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Apprentice See Section C – Option One	<input type="checkbox"/> Journey See Section D – Option Two

Part III – Examination Qualifications

MASTER EXAMINATIONS			
Section A:			
Option One - Master Examination Candidate by Previously held Master License			
Previously Held Master License:			
License Discipline – <i>Please Circle One</i> : Plumbing Hydronics HVAC/R Mechanical			
License Grantor:			
Grantor Address One:			
Grantor Address Two:			
City:	State:	Zip:	
Contact Person:		Phone Number:	
License #:	Date Issued:	Date Expired:	
Previously Held Master License:			
License Discipline – <i>Please Circle One</i> : Plumbing Hydronics HVAC/R Mechanical			
License Grantor:			
Grantor Address One:			
Grantor Address Two:			
City:	State:	Zip:	
Contact Person:		Phone Number:	
License #:	Date Issued:	Date Expired:	
Previously Held Master License:			
License Discipline – <i>Please Circle One</i> : Plumbing Hydronics HVAC/R Mechanical			
License Grantor:::			
Grantor Address One:			
Grantor Address Two:			
City:	State:	Zip:	
Contact Person:		Phone Number:	
License #:	Date Issued:	Date Expired:	

Previously Held Master License:				
License Discipline – <i>Please Circle One</i> : Plumbing Hydronics HVAC/R Mechanical				
License Grantor:				
Grantor Address One:				
Grantor Address Two:				
City:	State:	Zip:		
Contact Person:		Phone Number:		
License #:	Date Issued:	Date Expired:		
Section B:				
Option Two - Master Examination Candidate by Previously held Journey License				
Note: Journey license information must be provided in each discipline that the applicant is applying for an examination. Attach additional sheets as necessary.				
Previously Held Journey License:				
License Discipline – <i>Please Circle One</i> : Plumbing Hydronics HVAC/R Mechanical				
License Grantor:				
Grantor Address One:				
Grantor Address Two:				
City:	State:	Zip:		
Contact Person:		Phone Number:		
License #:	Issued Date:	Expiration Date:		
To be eligible to sit for the master examination by meeting the journey requirements, a minimum of <u>two years</u> journey level work experience and a journey license must be documented.				
Name of Last or Current Employer		Job Title:	Start Date	End Date
		Date	___/___/___	___/___/___
Address		Duties		
City	State	Zip Code		
Employer's Telephone Number & Area Code ()				
Name of Previous Employer – (List most recent first)		Job Title:	Start Date	End Date
		Date	___/___/___	___/___/___
Address		Duties		
City	State	Zip Code		
Employer's Telephone Number & Area Code ()				

(Please attach additional sheet if necessary)

JOURNEY EXAMINATIONS		
Section C:		
Option One - Journey Examination Candidate by United States Department of Labor Apprenticeship		
Please provide the following information from the United States Department of Labor Apprentice Indenture Agreement:		
Have you been issued advanced standing apprenticeship credits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so how many months? _____		
What is the expected date of your apprenticeship completion? _____		
Apprentice Identification Number *:	Apprenticeship Start Date *:	
Sponsor Name *:	Sponsor United States Department of Labor Program Number *:	
Sponsor Mailing Address * Address Line One:	Sponsor Phone Number *	
Address Line Two:	Sponsor E-mail Address	
City *	State *	Zip *

Section D:
Option Two - Journey Examination Candidate by Work Experience or Training (work or training must be prior to 01/01/2010)
Candidate must provide a combination of a minimum of forty-eight (48) months of work experience, industry training, or military experience in each discipline that the applicant is applying for an examination. The experience provided must be accumulated prior to January 1, 2010 . Please complete the Notarized Affidavit of Work Experience, Educational Institution Information, or attach copies of military forms DD214 or DD215 or any combination as needed to provide the required forty-eight (48) months of experience.

Notarized Affidavit of Work Experience
Notarized Affidavit of Work Experience (see page 6)
<input type="checkbox"/> - Please check if applying by completion of forty-eight (48) months of work experience prior 01/01/10. The completed Notarized Affidavit of Work Experience for Journey Examination must be attached to the application.

Educational Institution Information		
Name of Institution		
Name of Degree or Program	Institution Telephone ()	
Date of Completion		
Institution Address 1:		
Institution Address 2:		
Institution City	Institution State	Institution Zip

Military Verification Forms
I have attached the following military verification forms:
DD214 <input type="checkbox"/> DD215 <input type="checkbox"/> Other <input type="checkbox"/> Name of form: _____

Part IV – 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 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 V – 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.

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

Fee Table	Plumbing	HVAC/R	Hydronics	Mechanical	Sheet metal	Subtotal	Total
Journey Level Tests	<input type="checkbox"/>	\$35.00 x # of tests	1				
Master Level Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$35.00 x # of tests	2
Total						Total due _____ (total = sum of lines 1-2)	

**Iowa Plumbing & Mechanical Systems Board
Journey Examination
Notarized Employment Verification Statement**

I hereby state that I possess at least forty-eight months of work experience completed prior to January 1, 2010 equivalent to a licensed apprentice.

I understand that this Notarized Employment Verification Statement is to be filed with the Iowa Plumbing and Mechanical Systems Board in conjunction with an application for examination candidate. I further understand that a board issued master license is subject to the restrictions set forth by the Iowa Plumbing and Mechanical Systems Board.

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 verification or in my application for examination may result in the denial of a license application or cancellation of a license, 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 attest that I have met the work experience requirement necessary to sit for a journey level examination; specifically, that I possess at least forty-eight months of work experience completed prior to January 1, 2010 equivalent to a licensed apprentice.

Print Name of Person Signing Affidavit

Signature of Person Signing Affidavit

Date

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

Notary Public signature My Commission Expires _____

State of _____ County of _____

Notary Stamp

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 *
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