



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD POST EXAMINATION LICENSE APPLICATION INSTRUCTIONS

Completed applications may be submitted with applicable fees to:

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

Visit our website at
<http://idph.iowa.gov/PMSB> for additional
information on licensure requirements.
For questions, call toll free (866) 280-1521.

An application is not considered complete and will not be processed until all items have been submitted as required, including license fees.

Part 1 – Applicant Information. Please write legibly and complete each question. Items with an * must be completed. Be sure to mark the box for the address you would like the board to use for all correspondence. The city and state of the identified address may be listed on public portal along with license details or provided as part of public information requests.

Part 2 – License Type. Designate the type of license(s) you are applying for.

Part 3 – Examination Information. For each license applied for, provide the details of the examination. (date, location of exam, score) License applications must be submitted within two years of the date of passing examination.

Part 4 – Apprentice Information. Current apprentice license holders must have completed their DOL Apprenticeship program before you are eligible to apply for post examination licensure.

Part 5 - Screening Questions. All questions must be answered for the application to be processed. If you answer “Yes” to any of the questions, your application may be referred to the board for additional review. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. Please provide any pertinent details with your application.

Part 6 - Applicant’s Signature. Read the statement, sign and date the application. An applicant is responsible for the accuracy of the data, regardless of who completes and submits the applicant’s licensure application.

Fee Chart

Select the date range during which you are applying. Follow the line over to the license type and that is your total fees due for a single license. If you are applying for multiple active licenses on a single application, multiple the fee times the number of licenses, and subtract 30% from the total. In addition, if you are applying by paper include an additional \$25 paper application fee.

Date License Application is Submitted	Journey	Master	Inactive Master/ Active Journey
07/01/2020 to 12/31/2020	\$180.00	\$240.00	\$230.00
01/01/2021 to 06/30/2021	\$150.12	\$200.16	\$191.82
07/01/2021 to 12/31/2021	\$120.06	\$160.08	\$153.41
01/01/2022 to 06/30/2022	\$90.00	\$120.00	\$115.00
07/01/2022 to 12/31/2022	\$59.94	\$79.92	\$76.59
01/01/2023 to 06/30/2023	\$30.06	\$40.08	\$38.41



Iowa Plumbing & Mechanical Systems Board Post Examination Application for Licensure

SUBMIT COMPLETED APPLICATIONS WITH PAYMENT TO: Iowa Plumbing & Mechanical Systems Board
321 E 12th Street
Des Moines, IA 50319

Part 1 – Applicant Information –All items with an * must be completed.

Name (First, MI, Last)*			Telephone*()		
Personal Mailing Address*			E-mail Address		
City*	State*	County*	Zip Code*		
Business Name			Telephone ()		
Business Address					
Business City		Business State	Business County		Business Zip Code
Please check which address to send correspondence: Personal <input type="checkbox"/> Business <input type="checkbox"/>					
<i>**The city and state of this address may be listed on public portal search along with your license details.</i>					

Privacy Act Notice: Disclosure of your Social Security Number is required by 42 U.S.C. § 666(a)(13), Iowa Code §252J.8(1), §261.126(1), and §272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security Number *	Date of Birth *
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Part 2 – License Type

Designate Type of License*		
<input type="checkbox"/> Journeyperson	<input type="checkbox"/> Active Journeyperson/Inactive Master	<input type="checkbox"/> Master
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Hydronics	<input type="checkbox"/> Hydronics
<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> HVAC/R	<input type="checkbox"/> HVAC/R
<input type="checkbox"/> HVAC/R	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Mechanical		

Part 3 - Exam Information: Note – Applications must be submitted **within two years** of passing score to be 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 4 – 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 5 – Screening Questions * (All required)

<p>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 Iowa Plumbing and Mechanical Systems Board for review. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record.</p>	
Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If answering Yes to any of the above questions, please explain. Attach additional sheets if necessary.</p>	

Part 6 – 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*	