IOWA PLUMBING & MECHANICAL SYSTEMS BOARD
INSTRUCTIONS FOR APPLICATION FOR CONTRACTOR LICENSES

Submit completed applications with a check or money order in the amount of $250.00 to:

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

Part I – Contractor License

Name of Business – Full name of business applicant.

Federal Tax ID# (FEIN) - If applying as a sole proprietor, please provide social security number or federal tax ID as applicable.

Business Owner or Designated Representative – Full name of owner or owner's representative.

Permanent Physical Address – Per Iowa Code § **105.18 (d) .2** a contractor must maintain and provide a permanent physical address. This address may be different than the mailing address, but must be provided for all applications. The city and state information of the identified address will be listed in the electronic license registry.

Mailing Address - If the mailing address and physical address for the application are different, provide the recipient name and full mailing address for correspondence.

Iowa Division of Labor Contractor Registration Number - If currently registered with Iowa Division of Labor, provide the Contractor Registration Number issued by that office. For complete requirements see ***Iowa Code*** § ***91C***.

Identify Trades – For each contractor license identify all trade(s) in which Iowa Code § 105 covered work is performed. A licensed Master of Record must be associated with each trade. Only one Master of Record per trade will be accepted.

Master of Record – "Master of record" means an individual possessing an active master license under Iowa Code § 105 who shall be responsible for the proper designing, installing, and repairing of plumbing, HVAC, refrigeration, and/or hydronic systems and who is actively in charge of the plumbing, HVAC, refrigeration, and/or hydronic work of a contractor. For a sole proprietor contractor application, the master of record must be the same as the individual applying for the contractor license.

Part II – Insurance and Bond Requirements

Public Liability Insurance Requirement

Provide the board with evidence of a public liability insurance policy issued by an entity licensed to do business in this state with a minimum coverage amount of $500,000. The certificate provided to the board must identify that the public liability insurance policy shall not be canceled without the entity first giving 10 days' written notice to the board. The Iowa Plumbing and Mechanical Systems Board must be listed as a certificate holder. A copy of the certificate must be provided with the application.

Sole Proprietor: If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the policy.

Firm/Legal Entity: If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the insurance policy is obtained by the entity and that the insurance covers all plumbing or mechanical work performed by the entity.

Surety Bond Requirement:

Applicant must provide the board with evidence of a surety bond issued by an entity licensed to do business in this state in a minimum amount of $5,000. The surety bond provided to the board must identify that the surety bond shall not be canceled without the entity first giving 10 days' written notice to the board. A copy of the certificate must be provided with the application.

Sole Proprietor: If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the surety bond.
Firm/Legal Entity: If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the surety bond was obtained by the entity and that the surety bond covers all plumbing or mechanical work performed by the entity.

Part III– Screening Questions

All questions must be answered in order for the application to be processed. If you answer "Yes" to any of the questions, your application will be referred to the Board for 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.

Firm applicants must answer questions #1 and #2.
Sole Proprietor applicants must answer questions #1 through #7.

Part IV – Applicant's Signature

Each applicant for licensure is required to submit their application with acknowledgement of the identified perjury statement. An applicant is responsible for the accuracy of the data regardless of who completes and submits the applicant's licensure application.'

Note: If applying as a Sole Proprietor and utilizing a Social Security Number as tax identification, the following Privacy Act Notice is applicable.
Social Security Number – 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, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

An application will not be processed without all required and complete information.
Additional information can be obtained online at: www.idph.state.ia.us/PMSB
Or by calling: 1-866-280-1521

Iowa Plumbing & Mechanical Systems Board
Contractor Renewal Application

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.

Applications may be submitted with check or money order in the amount of $250.00 to:

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

Part I – Contractor License ALL FIELDS IDENTIFIED WITH AN * MUST BE COMPLETED.

*Name of Business:	License Number:	*Check if applying as: ☐ Firm/Entity or ☐ Sole Proprietor

*Federal Tax ID# (FEIN) _____

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.

*Business Owner or Designated Representative
First Name : Last Name:

Email:	*Telephone ( )

*Permanent Physical Address One:

*Permanent Physical Address Two:

*Permanent Physical City	*Permanent Physical State	*Permanent Physical Zip Code

If physical address is different than mailing address please identify below.

Recipient Name:

Mailing Address One:		*Mailing Address Two:*
Mailing City:	*Mailing State:*	*Mailing Zip Code:*

Please check one address only to send correspondence: Permanent ☐ *Mailing* ☐

Are you a registered contractor in the state of Iowa Workforce Division of Labor Contractor Registration? ☐ Yes ☐ No

If yes, please list your Iowa Workforce Division of Labor Contractor Registration number: _____

Please note ***Iowa Code Chapter 91C*** provides the requirements for Contractor Registration. For additional information contact Iowa Workforce Development at www.iowaworkforce.org/labor/contractor.htm

Identify the trade(s) associated with your business and name of Master of Record for each trade.
Only one Master of Record will be accepted per trade.

☐ Plumbing	Name of Master of Record:	Iowa Plumbing & Mechanical Systems Board Master #: _____
☐ HVAC/R	Name of Master of Record:	Iowa Plumbing & Mechanical Systems Board Master #: _____
☐ Hydronics	Name of Master of Record:	Iowa Plumbing & Mechanical Systems Board Master #: _____
☐ Mechanical	Name of Master of Record:	Iowa Plumbing & Mechanical Systems Board Master #: _____

Office Use Only -	Contractor License Number:
Master of Record Verified: ☐ Initials _____	Date Completed: Processed by:

Part II – Insurance and Bond Requirements

The following insurance and bond information must be provided by each Contractor applying for licensure. See Iowa Admin. Code r. 641-29.2(4) for complete insurance and bond requirements.

Public Liability Requirements - minimum coverage amount of $500,000
Surety Bond Requirements – minimum coverage amount of $5,000

For public liability policies and surety bonds:
(1) If the applicant operates the contractor business as a sole proprietorship, the applicant must provide the board with evidence that the applicant personally obtained the policy, or

(2) If the applicant operates the contractor business as an employee or owner of a legal entity (firm), the applicant must provide the board with evidence that the policy is obtained by the entity and that it covers all plumbing or mechanical work performed by the entity.

(3) The applicant must provide the board certificates that show the public liability insurance policy and the surety bond required under shall not be canceled without the entity first giving 10 days' written notice to the board.

(4) The Iowa Plumbing and Mechanical Systems Board Must be included as a certificate holder of the public liability policy.

A copy of both the liability insurance and surety bond must be included with the application.

*Public Liability Insurance Information –

A copy of the liability insurance must be included with this application.

Insurance Company Name			
Insurance Company Contact Representative		Insurance Company Telephone	
Policy Number	Amount of Policy:	Effective Date:	Expiration Date:
Policy Number	Amount of Policy:	Effective Date:	Expiration Date:

*Surety Bond Information

A copy of the surety bond must be included with this application.

Bonding Company Name		
Bonding Company Contact Representative	Bonding Company Telephone	
Bond Number:	Amount of Bond:	
Check Type: ☐ Continuation Certificate ☐ Continuous Renewal	Effective Date	Expiration Date

Part III – Screening Questions * ALL FIELDS IDENTIFIED WITH AN * MUST BE COMPLETED.

The following questions must be answered <u>by all applicants</u>. 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.	
1. During the previous licensing period 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 or certification issued to your firm? If yes, include date, location, reason, current status, etc.	☐ Yes – Please see below. ☐ No
2. During the previous licensing period has your firm ever been sued in connection with your functions in this or any other state? If yes, include date, location, reason, current status etc.	☐ Yes – Please see below. ☐ No
If answering Yes to any of the above questions please provide a brief explanation:	
The following additional questions must be answered <u>by sole proprietor applicants only</u>. 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.	
3. During the previous licensing period 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)?	☐ Yes – Please see below. ☐ No
4. During the previous licensing period 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	☐ Yes – Please see below. ☐ No
5. During the previous licensing period have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?	☐ Yes – Please see below. ☐ No
6. During the previous licensing period 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?	☐ Yes – Please see below. ☐ No
7. During the previous licensing period have you ever been engaged in illegal or improper use of drugs or other chemical mood altering substances?	☐ Yes – Please see below. ☐ No
If answering Yes to any of the above questions please provide a brief explanation:	

***Part IV – Applicant Signature**
Please sign for the appropriate selection of Firm or Sole Proprietor application

Firm/Entity Applicant Only

I certify that I am a business owner or designated representative of the applicant firm/entity and am authorized to submit this Contractor license application on behalf of the applicant firm/entity.

I certify that I have read all requirements pursuant to Iowa Code chapter 105 and Iowa Administrative Code chapter 641—29 pertaining to Contractor licensing.

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 the 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 the applicant firm's/entity's license (or mine if applicable) 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 on behalf of the applicant firm/entity 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. Incomplete applications shall be considered invalid after 90 days and shall be destroyed. All fees are nonrefundable. Applications may take 4-6 weeks for processing.

Printed Name of Business Owner or Designated Rep:_____

Signature of Business Owner or Designated Rep:_____

Date of Signature:_____

Sole Proprietor Applicant Only

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

Applicants Printed Name *:_____

Applicants Signature *:_____

Date of Signature _____