



IOWA PLUMBING & MECHANICAL SYSTEMS BOARD INSTRUCTIONS FOR POST EXAMINATION LICENSE APPLICATION

An application will not be processed without all appropriate information and the proper fees. All fees are non-refundable. All checks or money orders are to be made payable to: Iowa Plumbing and Mechanical Systems Board. Submit completed applications to:

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

Additional information can be obtained at: www.idph.state.ia.us Or by calling: 1-866-280-1521

Part I – Personal Information

Name – Full name of applicant.

Mailing Address – Identify which address is to be used for mailing correspondences. The city/state of the identified address will be listed for license registration on licensediniowa.gov.

If you hold an Iowa Plumbing & Mechanical Systems License please provide license number.

Part II– License Type

Identify whether you are seeking active or inactive status. (Note – A 30% discount off the total price is offered when multiple *active* master & *active* journey licenses are purchased at the same time.)

Part III – 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 date of passing examination.

Part IV Journey Applicants – Must provide Department of Labor Office of Apprenticeship information, including date of program completion.

Part V – 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 Plumbing 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.

Part VI – 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.

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. This item will be found on the last page of the application.

Iowa Plumbing and Mechanical Systems Board – Post Exam App Instructions (07/2014)



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 - \$240.00 (per discipline)		<input type="checkbox"/> Inactive Master/Active Journeyperson - \$230.00 (per discipline)		<input type="checkbox"/> Journeyperson - \$180.00 (per discipline)	
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 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 *:	

Post Examination Licensure Fee Table

	Plumbing	HVAC/R	Hydronics	Mechanical	Sheet metal				
Active Master License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$240.00 x Number of Licenses	\$ _____	1	
Active Journey License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$180.00 x Number of Licenses	\$ _____	2	
						Subtotal	\$ _____	3	
						Discount Eligibility – If you are purchasing 2 or more active journey and/or master licenses in one transaction you qualify for a 30% discount off the subtotal from line 3. (Ex: 1 Journey \$180.00 + 1 Master \$240.00 = \$420.00 x .70 = \$294.00) <i>**If you are a current journey or apprentice license holder and are upgrading to the next license level, contact the Board office at 866-280-1521 for additional fee information prior to submitting your license application.</i>		If eligible, enter subtotal from line 3 \$ _____ x .70 <hr/> \$ _____ (New Subtotal)	4
Inactive License	<input type="checkbox"/> Master -or- <input type="checkbox"/> Journey	<input type="checkbox"/> Master -or- <input type="checkbox"/> Journey	<input type="checkbox"/> Master -or- <input type="checkbox"/> Journey	<input type="checkbox"/> Master -or- <input type="checkbox"/> Journey	<input type="checkbox"/> Journey Only	\$50.00 x Number of Licenses	\$ _____	5	
						Paper Application Fee		\$ 25.00	6
						Total Due (Line 3 if single license or Line 4 if multiple licenses + line 5 + line 6) =		\$ _____	7

**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. For additional information on the fee for upgrading a license please contact the Board office at 866-280-1521.

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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SUBMIT COMPLETED APPLICATIONS TO:

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