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

Beginning January 1, 2014, submit completed applications with a check or money order in the amount of $150.00 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 **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 Chapter 91C***.
Identify Trades – For each contractor license identify all trade(s) in which 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 chapter 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 15 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 15 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