IOWA PLUMBING & MECHANICAL SYSTEMS BOARD
INSTRUCTIONS FOR LICENSURE APPLICATION FOR APPRENTICES

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

Online applications must be submitted with credit or debit card information. Paper applications will incur an additional processing fee of $25.00 and must be paid with check or money order payable to: Iowa Plumbing and Mechanical Systems Board. The memo area of the check should read "Plumbing and/or Mechanical Licensing Fees".

Additional information can be obtained online at:
www.idph.state.ia.us

Or by calling:
1-866-280-1521

REQUIREMENTS BY LICENSE LEVEL

Apprentice Requirements:

1. Must be at least 18 years old.
2. Must have no record of felony conviction relating to the profession as determined by the board.
3. Must file an application and submit appropriate fees.
4. Must certify applicant is working under the supervision of a licensed journeyperson or master.
5. Must be enrolled in an applicable apprentice program which is registered with the United States Department of Labor Office of Apprenticeship and provide the department with the United States Department of Labor sponsorship agreement.

This includes:

- Apprentice Identification Number
- Apprenticeship Start Date
- Anticipated Completion Date
- Sponsor Program Number
- Sponsor Name & Address

Part I – Personal Information

Name – Full name of applicant.

Mailing Address – Provide personal and business information. Identify which address is to be used for mailing correspondences. The identified address will be listed on licensediniowa.gov with license registration information.

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.

Part II – School Record
Note: Effective January 1, 2010 all apprentice applicants must have a high school education or attained GED equivalent.

Part III– License Type

Part IV – Licensure
Apprenticeship Applicants:
If applying for an Apprentice license the following information will be needed from the United States Department of Labor Apprentice Indenture Agreement:

Apprentice Identification Number
Apprenticeship Start Date
Anticipated Completion Date
Sponsor Program Number
Sponsor Name and Address

Part VI – 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 & Mechanical Systems 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 VII – 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 whether an assistant completes and submits the applicant's licensure application.

Fee Table (Check requested license types)	**Total**
Apprentice	**$50.00**
Paper Application Fee	**$25.00**
Total	**Total Due** **$____$75.00____**

An application will not be processed without all required 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

Iowa Plumbing & Mechanical Systems Board
Application for Apprentice Licensure

AN APPLICATION IS NOT CONSIDERED COMPLETE AND WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED. ALL FIELDS IDENTIFIED WITH * MUST BE COMPLETED.

APPLICABLE LICENSE FEE MUST ACCOMPANY THIS APPLICATION.

Part I - Personal Information

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

Please check which address to send correspondence: Business ☐ Personal ☐
This address will be listed on licensediniowa.gov with your license identification.

Part II – School Record *

Highest Grade Completed	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Have you completed a GED Program? ☐ Yes ☐ No
Effective January 1, 2010, all apprentice applicants must have completed a high school education or attained GED equivalent.

Part III – License Type

☐ Apprentice - $50.00

Part IV - **Apprentice Licensure**:

Please provide the following information from the Department of Labor Office of Apprenticeship Apprentice Indenture Agreement:		
Apprentice Identification Number *:	Apprenticeship Start Date *:	Anticipated Completion Date*:
Have you been issued advanced apprenticeship credit? ☐ Yes ☐ No If so, for how many hours? _____		
Sponsor Name *:	Sponsor Department of Labor Program Number *:	
Sponsor Mailing Address * Address Line One:	Sponsor Phone Number *	
Address Line Two:	Sponsor E-mail Address	
City *	State *	Zip *

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 & Mechanical Systems 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)?	☐ Yes – Please see below. ☐ 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	☐ Yes – Please see below. ☐ No
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
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
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 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.

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

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

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 *