



## Iowa Plumbing & Mechanical Systems Board Renewal Application

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

### Part I - Applicant Information - All items indicated 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 Zip Code
Please check which address to send correspondence: Personal <input type="checkbox"/> Business <input type="checkbox"/>			
The city/state of this address may be listed on <a href="http://licensediniowa.gov">licensediniowa.gov</a> with the license status.			

**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 II – License Information

<b>Discipline Licenses</b> For all licenses issued after 07/01/2014. <ul style="list-style-type: none"> <li>• Licensees holding an HVAC /R license <b>and</b> a hydronics license at the same level of either journey person or master will be eligible to renew into a single license called a mechanical license.</li> <li>• All CEU's must be completed at time of renewal to renew into the mechanical license.</li> </ul>	
<b>Provide license # and for each license being renewed please check the box. If you would like to renew to a new mechanical license, check the box marked mechanical. You must have a current HVAC/R &amp; Hydronics license.</b>	
<b>License #</b>	# _____
Journey person	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical <input type="checkbox"/> Sheet Metal
Master	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical
Inactive Master/ Active Journey person	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical
I wish to make the following licenses inactive (CEUS required):	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical <input type="checkbox"/> Sheet Metal

<b>Apprentice License</b>			
<ul style="list-style-type: none"> <li>If your Department of Labor sponsorship information has changed provide the new information below.</li> <li>No continuing education courses are required during an active apprenticeship program.</li> </ul>			
Apprentice License #	US DoL Apprentice Identification Number *:	Apprenticeship Dates *: ____/____/____ to ____/____/____	
Sponsor Name *:		Sponsor Program Number *:	
Sponsor Mailing Address: *		Sponsor Phone Number	Sponsor E-mail Address *
City*	State*	Zip*	

<b>Specialty Licenses</b>	
<ul style="list-style-type: none"> <li>For specialty license renewals, mark the box next to the licenses you wish to renew. Enter continuing education courses on page 3.</li> <li>No continuing education courses are required for medical gas piping renewal.</li> </ul>	
License #	# _____
<input type="checkbox"/> Hearth Systems <input type="checkbox"/> Disconnect/Reconnect Plumbing Technician <input type="checkbox"/> Service Technician HVAC <input type="checkbox"/> Private School or College Routine Maintenance <input type="checkbox"/> Medical Gas Piping—Select provider below <input type="checkbox"/> NITC <input type="checkbox"/> MGM <input type="checkbox"/> METC <input type="checkbox"/> AMS <input type="checkbox"/> MGTC <input type="checkbox"/> EMGS <input type="checkbox"/> Other Certification number: _____      Expiration date: _____ Brazing Number: _____      Expiration date: _____	

<b>Journeyman/Master Renewal by Examination Option</b>			
<b>Valid only if 366 days or more past due from original license expiration date</b>			
<b>1st Passed Examination</b>		<b>2nd Passed Examination</b>	
Examination Discipline:		Examination Discipline:	
Date of Examination:	% Score:	Date of Examination:	% Score:
Location of Examination:		Location of Examination:	
<b>3rd Passed Examination</b>		<b>4th Passed Examination</b>	
Examination Discipline:		Examination Discipline:	
Date of Examination:	% Score:	Date of Examination:	% Score:
Location of Examination:		Location of Examination:	

<b>CEU Exemptions</b>
<input type="checkbox"/> I was an apprentice and successfully passed the examination and became licensed as a journeyman <b>and</b> this is my first renewal.
<input type="checkbox"/> I served honorably on active duty in the military during the licensing period.
<input type="checkbox"/> I reside in another state or district having continuing education requirements for the discipline <b>and</b> I met the requirement of that state or district.

## Part III –Continuing Education Courses

### Continuing Education Hours for Journeyman/Master/Specialty License Renewal

To complete the Continuing Education section below, identify the course name, course number and hours of credit for each course. Please note per Iowa Administrative Code r. 641—30.5(105) Audit of continuing education requirements. The board may conduct an audit of a licensee's license renewal application to review compliance with continuing education requirements. **For a renewal application more than 366 days past the expiration date, provide CEU information or examination information.** \*Note, if applying for renewal at 366 or more days past the original expiration date, CEU's must be taken on or after a date that is more than 365 days after the original license expiration date.

<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	
Please identify the number of hours for each selection below:						
Safety	Mechanical Code	HVAC/R	Hydronics	Mechanical	Plumbing Code	Plumbing
<b>Course Number:</b> CEUC		<b>Course Name:</b>			<b>Course Date:</b>	

*Attach additional sheets if necessary*

## Part IV – Screening Questions \* (All Required)

<p><b>The following questions must be answered.</b> 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>	
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)?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No
During the previous licensing period, 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 explain. Attach additional sheets if necessary.	

## Part V – 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. Incomplete applications shall be considered invalid after 90 days and shall be destroyed.

Applicant's Printed Name*:	Applicant's Signature*:
Date of Signature	