



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD SPECIALTY LICENSE OR MEDICAL GAS CERTIFICATION APPLICATION INSTRUCTIONS

Completed applications may be submitted with applicable fees to:

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

Visit our website at
<http://idph.iowa.gov/PMSB> for additional
information on licensure requirements.
For questions, call toll free (866) 280-1521.

An application is not considered complete and will not be processed until all items have been submitted as required, including license fees.

- Online applications must be submitted with credit or debit card information.
- Paper applications must be submitted with check or money order payable to: Iowa Plumbing and Mechanical Systems Board. If submitting a paper application, a \$25.00 paper application fee must be included in addition to other applicable fees.

Part I – Applicant Information. Please write legibly and complete each question. Items with an * must be completed. Be sure to mark the box for the address you would like the board to use for all correspondence. The city and state of the identified address may be listed on licensediniowa.gov along with license information or provided as part of public information requests.

Part II– Requested License(s) and/or Certification. Mark the appropriate box for the specialty license types or medical gas certification that you are applying for.

Part III – Training and Qualifications. Please visit our website under “Licensure” and then click on the appropriate license subtype for complete details on all training requirements and/or a list of board approved training programs. Complete the appropriate section A thru E depending on the type of license you are applying for.

Medical Gas Piping Certification. Complete Section A and include a copy of your current certification card.

Hearth Systems Specialty License. Complete Section B and include proof of valid certification issued by the National Fireplace Institute.

Private School or College Routine Maintenance Specialty License. Complete Section C. Provide proof of current employment with a private school or college by submitting a letter from your employer verifying your employment and routine maintenance duties.

Disconnect/Reconnect Plumbing Technician Specialty License. Complete Section D. Provide proof of industry training or a copy of your plumbing degree or educational equivalent. If you do not have a degree, submit verification of your work experience, such as third party letters from those you identified that you have worked for. You can add any other official documents that can help verify your experience. Attach additional sheets as needed.

Service Technician HVAC Specialty License. Complete Section E. Include a copy of your current certification or a copy of your degree or diploma.

Part IV - Screening Questions. All questions must be answered for the application to be processed. If you answer “Yes” to any of the questions, your application may be referred to the board for additional 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 V - Applicant’s Signature. Read the statement, sign and date the application. An applicant is responsible for the accuracy of the data, regardless of who completes and submits the applicant's licensure application.

Fee Information

Fees are prorated based on the date of application & length of time the license is valid for. All licenses expire June 30, 2017, and every three years thereafter. Fees apply per license. If applying for more than one license or certification on a single application, include the appropriate fee for each license type.

Example: If applying for a Service Tech HVAC license and Disconnect/Reconnect License on the same application in July 2016, the total fees due are: $\$16.65 + \$16.65 + 25 = \$58.30$.

Example: If applying only for medical gas piping in July 2016, the fee due would be $\$24.98 + 25 = \49.98 .

Date Application Submitted	Specialty License Fee	Medical Gas Piping Installer
01/01/2016 to 06/30/2016	\$25.00	\$37.50
07/01/2016 to 12/31/2016	\$16.65	\$24.98
01/01/2017 to 06/30/2017	\$8.35	\$12.53

Fee Due From Above:	
If applying for more than one license, additional license fee:	
Fee Above Paper Application Fee:	+ \$25.00
Total Due:	= _____

Iowa Plumbing & Mechanical Systems Board

Specialty License & Medical Gas Certification Application

Mail completed application and fee to: Plumbing & Mechanical Systems Board – IDPH
321 E. 12th St.; 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 County	Business Zip Code		
Please check which address to send correspondence: Personal <input type="checkbox"/> Business <input type="checkbox"/>					
<i>**The city/state of this address may be listed on licensediniowa.gov with your license information.</i>					

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 *
--------------------------	-----------------

Part II – Requested License(s) and/or Certification

Designate Type of License: <input type="checkbox"/> Medical Gas Piping Certification (Complete Section A & attach proof of certification.) <input type="checkbox"/> Hearth Systems Specialty License (Complete Section B & attach proof of certification or other training.) <input type="checkbox"/> Private School or College Routine Maintenance License (Complete Section C & attach letter from employer.) <input type="checkbox"/> Disconnect/Reconnect Plumbing Technician Specialty License (Complete Section D & attach proof of training.) <input type="checkbox"/> Service Technician HVAC Specialty License (Complete Section E & attach proof of certification or degree.)
--

Part III – Training & Qualifications

Section A - Medical Gas Piping Certification			
Select training provider & attach copy of certification:			
<input type="checkbox"/> National Inspection Testing Certification Corp. (NITC)	<input type="checkbox"/> Medical Gas Management (MGM)		
<input type="checkbox"/> Airgas Medical Gas Services Inc (AMS)	<input type="checkbox"/> Environmental & Medical Gas Services (EMGS)		
<input type="checkbox"/> Medical Gas Training & Consulting (MGTC)	<input type="checkbox"/> Other: _____		
Certification Number:		Expiration Date:	
Brazing Number:		Expiration Date:	

Section B - Hearth Systems Specialty License			
Select training provider & attach copy of certification:			
<input type="checkbox"/> National Fireplace Institute			
<input type="checkbox"/> Other: _____ (Must be reviewed by board for equivalency.)			
Certification Number:		Expiration Date:	

Section C - Private School or College Routine Maintenance License

Please check the box and initial below. Submit a letter from your employer verifying employment & your duties.

_____ (initials) I certify by submitting this application I am currently employed by a private school or college and my job duties include performing routine maintenance within the scope of employment with the private school or college.

Name of Private School or College		Job Title:	
Address 1:		Address 2:	
City	State	Zip Code	
Name of Supervisor		Supervisor Telephone Number	

Section D - Disconnect/Reconnect Plumbing Technician

Complete either option one or option two. *Information will be reviewed by board for equivalency prior to approval.*

Option One: Industry Training or On The Job Training. *Attach verification and additional sheets if necessary.*

Please check the box and initial below. Submit any available documentation, such as a letter from employer.

_____ (initials) I certify by submitting this application I am receiving or have previously received industry training to perform work covered under this specialty license.

Name of Employer		Job Title:	Start Date	End Date (if applicable)
		____/____/____	____/____/____	
Address:				
City	State	Zip Code		
Name of Supervisor		Supervisor Telephone Number:		
Option Two: Plumbing Technician Associate Degree. Submit copy of transcripts or degree.				
Name of Institution				
City, State, Zip				
Name of Degree or Program:		Date of Degree		
Contact Person:		Contact Person Telephone: ()		

Section E - Service Technician HVAC Specialty License

Select training provider & attach copy of certification, diploma or degree:

- North American Technician Excellence Certification (NATE)
- RSES Certified Member Certification or Certified Member Specialist Certification
- HVAC Excellence Certification, specify type: _____
- Service Technician Associate degree or equivalent educational degree
- Other, specify (must be reviewed by board to determine equivalency): _____

Certification Number: (if applicable)	Date of Expiration:
Name of Degree or Program: (if applicable)	Date of Degree:
Name of Institution:	City, State
Contact Person:	Contact Person Telephone: ()
Note: If the degree or program has not been previously approved by the board, additional information on the program may be required.	

Part IV – 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 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.

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 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. 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*