



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 and the applicable license fee must accompany this application.

Part I - Personal Information

Last Name *		First Name *		Middle Initial
Date of Birth *	E-mail Address		Telephone *()	
Personal Mailing Address (Street or PO Box) * Address One:		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 <input type="checkbox"/> Personal <input type="checkbox"/>				
This address may be listed on licensediniowa.gov with your license identification.				

Part II – School Record *

Have you completed a high school or GED Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective January 1, 2010, all apprentice applicants must have completed a high school education or attained GED equivalent.

Part III - 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, for how many hours?		
Sponsor Name *:	Sponsor Department of Labor Program Number *:	
Sponsor Phone Number *	Sponsor E-mail Address	
Sponsor Mailing Address * Address Line One:	Address Line Two:	
City *	State *	Zip *

Part IV – Screening Questions * (All required)

<p>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.</p>	
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
<p>If answering Yes to any of the above questions please provide a brief explanation:</p> 	

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 *:	

SUBMIT COMPLETED APPLICATIONS TO:
 Iowa Plumbing & Mechanical Systems Board
 Iowa Dept. of Public Health
 Lucas State Office Building
 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 *
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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.

Additional information can be obtained online at: <http://www.idph.state.ia.us/PMSB/>
Or by calling: 1-866-280-1521

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 journeyman 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 Board Office with Apprenticeship Indenture Agreement information.

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 may 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

Effective January 1, 2010 all apprentice applicants must have a high school education or attained GED equivalent.



Part III – 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 IV – 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 V – 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.

Fees will be prorated based on the date of purchase for an Initial Apprentice License. If purchased:	Apprentice Fees Due
07/01/2014 to 12/31/2014	\$50.00
01/01/2015 to 06/30/2015	\$41.70
07/01/2015 to 12/31/2015	\$33.35
01/01/2016 to 06/30/2016	\$25.00
07/01/2016 to 12/31/2016	\$16.65
01/01/2017 to 06/30/2017	\$8.35
Fee above plus Paper Application fee	+ \$25.00
	= _____

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
 Lucas State Office Building
 321 E 12th Street
 Des Moines, Iowa 50319