



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD APPLICATION INSTRUCTIONS FOR: JOURNEY CANDIDATES POSSESSING A MASTER LICENSE

An application is not considered complete and will not be processed until all items have been submitted as required, including all fees. Paper applications will incur an additional processing fee of \$25.00. Checks or money order are payable to: Iowa Plumbing and Mechanical Systems Board.

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

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.

Part II – License Type

Identify whether you are seeking active or inactive status. Inactive licensees must meet the same work experience/examination requirements as active licensees. Note – A 30% discount off the total price is offered when multiple **active** master & **active** journey licenses are purchased at the same time.

Part III – Proof of Master Licensure

If applying for a journey license by proof of currently possessing a master license the following information will be needed from the granting agency for each trade license applied for.

License Number

License Grantor Information

License Grantor Name (city, county, state entity), License Grantor Address

License Grantor Contact Person

License Issue Date and License Expiration Date

License Trade and License Trade Level

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 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.

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.

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 Journey by Possession of Master License Application

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. ALL APPLICABLE FEES MUST ACCOMPANY THE APPLICATION.

Part I - Applicant 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 Name:			Telephone ()		
Address One:					
Address Two:					
City		State		Zip Code	

Please check which address to send correspondence: Business Personal

This address may be listed on licensediniowa.gov with your license identification.

Do you currently hold an Iowa Plumbing & Mechanical License? <input type="checkbox"/> Yes - License # _____ <input type="checkbox"/> No	
Are you a registered contractor in the state of Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your Iowa Workforce Development contractor registration number: _____	

Part II – License

Designate Type of License: <input type="checkbox"/> Journeyperson Note – A 30% discount off the total price is offered when multiple active master & active journey licenses are purchased in a single transaction.		
Discipline:		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
<input type="checkbox"/> HVAC/R	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
<input type="checkbox"/> Hydronics	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
<input type="checkbox"/> Sheet metal	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive

Part III – Licensure Application

License Trade: (circle one) Plumbing - HVAC/R – Hydronics - Mechanical - Sheet metal		License Type: Master
License Number:		
License Grantor:		
Grantor Address One:		
Grantor Address Two:		
Grantor City:	Grantor State:	Grantor Zip:
Grantor Contact Person:		Grantor Phone:
License Issue Date:	License Expiration Date:	
License Trade: (circle one) Plumbing - HVAC/R – Hydronics - Mechanical - Sheet metal		License Type: Master
License Number:		
License Grantor:		
Grantor Address One:		
Grantor Address Two:		
Grantor City:	Grantor State:	Grantor Zip:
Grantor Contact Person:		Grantor Phone:
License Issue Date:	License Expiration Date:	
License Trade: (circle one) Plumbing - HVAC/R – Hydronics - Mechanical - Sheet metal		License Type: Master
License Number:		
License Grantor:		
Grantor Address One:		
Grantor Address Two:		
Grantor City:	Grantor State:	Grantor Zip:
Grantor Contact Person:		Grantor Phone:
License Issue Date:	License Expiration Date:	
License Trade: (circle one) Plumbing - HVAC/R – Hydronics - Mechanical - Sheet metal		License Type: Master
License Number:		
License Grantor:		
Grantor Address One:		
Grantor Address Two:		
Grantor City:	Grantor State:	Grantor Zip:
Grantor Contact Person:		Grantor Phone:
License Issue Date:	License Expiration Date:	
License Trade: (circle one) Plumbing - HVAC/R – Hydronics - Mechanical - Sheet metal		License Type: Master
License Number:		
License Grantor:		
Grantor Address One:		
Grantor Address Two:		
Grantor City:	Grantor State:	Grantor Zip:
Grantor Contact Person:		Grantor Phone:
License Issue Date:	License Expiration Date:	

Attach additional sheets as needed.

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>	
<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)?</p>	<p><input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No</p>
<p>Have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?</p>	<p><input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No</p>
<p>Have you ever been engaged in illegal or improper use of drugs or other chemical mood altering substances?</p>	<p><input type="checkbox"/> Yes – Please see below. <input type="checkbox"/> No</p>
<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. Applications may take 4-6 weeks for processing.

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

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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Fees will be assessed based on the expiration date of previously issued license <u>or</u> the purchase date of an initial license as listed below.		
Renewal Licenses - If the expiration date is:	Fees due for a single license are:	
	Inactive Licenses	Journey Licenses
07/01/2014 to 12/31/2014	\$50.00	\$180.00
01/01/2015 to 06/30/2015	\$41.70	\$150.12
07/01/2015 to 12/31/2015	\$33.35	\$120.06
01/01/2016 to 06/30/2016	\$25.00	\$90.00
07/01/2016 to 12/31/2016	\$16.65	\$59.94
01/01/2017 to 06/30/2017	\$8.35	\$30.06
Initial/New Licenses - If the purchase date is:	Fees due for a single license are:	
	Inactive Licenses	Journey Licenses
07/01/2014 to 12/31/2014	\$50.00	\$180.00
01/01/2015 to 06/30/2015	\$41.70	\$150.12
07/01/2015 to 12/31/2015	\$33.35	\$120.06
01/01/2016 to 06/30/2016	\$25.00	\$90.00
07/01/2016 to 12/31/2016	\$16.65	\$59.94
01/01/2017 to 06/30/2017	\$8.35	\$30.06

Fee Worksheet

	Plumbing	HVAC/R	Hydronics	Sheet metal	Mechanical			
Active Journey License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee x # of Licenses	\$ _____	1
Discount – If you are purchasing 2 or more active journey licenses in one transaction you will qualify for a 30% discount. Multiply .70 of total of line 3. (Ex: 2Journey = 360.00 x .70 = \$252.00)							Line 1 \$ _____ x .70 _____	2
Inactive License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee x # of Licenses	\$ _____	3
						Paper App Fee	\$25.00	4
Total Due	(Line 1 if single license or line 2 if multiple + Line 3(if applicable) + Line 4) =						\$ _____	5