IOWA PLUMBING & MECHANICAL SYSTEMS BOARD
Contractor License Renewal Form Instructions

Enclosed is an application for renewal of your Iowa Plumbing & Mechanical Systems Board contractor license. To expedite processing of the renewal, please carefully review and complete all questions on the renewal form. Add any missing information or make any corrections as appropriate. Please keep the following information in mind when completing the renewal application.

Part 1. Per Iowa Code § 105.18"d"(2), a contractor must maintain a permanent physical business address. This address may be different than the mailing address, but must be provided. The city and state information of the identified address will be listed in the electronic license registry.

Part 2. Contractor Registration Information. Iowa Code chapter 91C lists the requirements for contractor registration. These requirements are separate from the requirement for licensure with the board. For additional information contact Iowa Workforce development at www.iowaworkforce.org/labor/contractor.htm.

Also please be advised that beginning July 1, 2017, you will be able to apply for/renew your contractor license & Iowa Workforce Development contractor registration on a single, combined form. To facilitate this process, beginning July 1, 2017, you will also be required to include proof of workers compensation insurance coverage, proof of unemployment insurance compliance, and, for out-of-state contractors, a bond as described in Iowa Code chapter 91C.

Part 3. Master of Record Information. Identify the trade(s) associated with your business and name of Master of Record for each trade. To make changes, please cross out & add any missing or incorrect information in the "changes" column. Only one Master of Record will be accepted per trade. If your master of record changes, you must provide written notification to the board within 30 days.

"Master of record" means an individual possessing an active master license under Iowa Code § 105 who shall be responsible for the proper designing, installing, and repairing of plumbing, HVAC, refrigeration, and/or hydronic systems and who is actively in charge of the plumbing, HVAC, refrigeration, and/or hydronic work of a contractor.

Board rules further specify that "A master may only be a master of record for one contractor in any particular discipline at any one time, except that a contractor or a master may seek prior board approval to serve as the master of record for more than one contractor in a particular discipline. An individual who possess master licenses in multiple disciplines may be a master of record for multiple contractor so long as the individual is only a master of record for one contractor in any particular discipline at one time." [641 IAC 23.4(1)]

Part 5. Public Liability Insurance Information. Complete this section by filling in all details about your public liability insurance. Provide the board with evidence of a public liability insurance policy issued by an entity licensed to do business in this state with a minimum coverage amount of $500,000. The certificate provided to the board must identify that the public liability insurance policy shall not be canceled without the entity first giving 10 days written notice to the board. The Iowa Plumbing and Mechanical Systems Board must be listed as a certificate holder. **A copy of the certificate must be provided with the renewal.**

Sole Proprietor: If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the policy.

Firm/Legal Entity: If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the insurance policy is obtained by the entity and that the insurance covers all plumbing or mechanical work performed by the entity.

Part 6. Surety Bond Information. Applicant must provide the board with evidence of a surety bond issued by an entity licensed to do business in this state in a minimum amount of $5,000. The surety bond provided to the board must identify that the surety bond shall not be canceled without the entity first giving 10 days written notice to the board. **A copy of the certificate must be provided with the renewal.**

Sole Proprietor: If the applicant operates the contractor business as a sole proprietorship, provide the board with evidence that the applicant personally obtained the surety bond.

Firm/Legal Entity: If the applicant operates the contractor business as an employee or owner of a legal entity, provide the board with evidence that the surety bond was obtained by the entity and that the surety bond covers all plumbing or mechanical work performed by the entity.

Part 7. Screening Questions. For each question, please check the appropriate box "Yes" or "No." If you answer yes, to any questions (1) attach a signed letter of explanation providing the details of the incident, including date(s), location(s), status, reason, etc., (2) attach a copy of any court ordered evaluations, including any recommendations, and (3) attach a copy of all official court documents regarding your conviction/ malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. Firm applicants must answer questions #1 and #2. Sole Proprietor applicants must answer questions #1 through #7.

Part 8. Voluntary Surrender of License. If you have closed your business or no longer perform services for which a contractor license is required and wish to voluntarily surrender your license, please complete this section. You must sign & date the form and return either the entire form or the first and last pages to our office for processing. If you surrender your license, you may not provide any services for which a contractor license is required. If you determine at a later date that you need a contractor license, you will be required to submit a new application and all required information.

An application will not be processed without all required and complete information. For questions, please visit our website at www.idph.state.ia.us/PMSB or call our toll-free number at 1-866-280-1521 during normal business hours. Allow up to four weeks for processing. Fees are non-refundable. Please be advised that if your license is not renewed within 30 days of the expiration date, additional late fees apply as follows:

- ✓ 31 – 60 days late: $60 late fee
- ✓ 61+ days late: $100 late fee [641 IAC 28.1(5)]

Checklist for renewal:

- ☐ Part 1, Contact Information, has been verified or corrected.
- ☐ Part 2, Contractor Registration, has been verified or corrected. If missing, a number has been provided.
- ☐ Part 3, Master of Record Information, has been verified or corrected.
- ☐ Part 4, Insurance & Bond Requirements, has been read & understood.
- ☐ Part 5, Professional Liability Information, has been filled out & completed.
- ☐ Part 5, copy of professional liability insurance has been attached.
- ☐ Part 6, Surety Bond Information, has been filled out & completed.
- ☐ Part 6, copy of surety bond has been attached.
- ☐ Part 7, Screening Questions, all questions have been answered.
- ☐ Part 7, a full explanation for any "Yes" response has been provided and a copy of any supporting documentation has been attached.
- ☐ Part 8, Applicant Signature & Affidavit, has been read, signed & dated.
- ☐ Check or money order, made payable to the Iowa Plumbing & Mechanical Systems Board, for the renewal fee & any late fees, if applicable, enclosed.
- ☐ Completed form & attachments enclosed with fee & mailed to board office prior to expiration date. Mail to: PMSB – Iowa Dept. of Public Health; 321 E 12th St; Des Moines, IA 50319.
- ☐ For questions call toll-free (866) 280-1521.

Mail completed form to: Iowa Dept. of Public Health – PMSB; 321 E. 12th St; Des Moines, IA 50319

Iowa Plumbing & Mechanical Systems Board
Contractor Renewal Application

CONTRACTOR RENEWAL FEE CHART

If your license expires in December 2015, renewal fee if paid within 30 days of expiration: $166.75

If your license expires between 1/1/16 – 6/30/16, fee if paid within 30 days of expiration: $125.00

Late penalty fee if paid 31-59 days late: $60
Late penalty fee if paid 61+ days late: $100

Iowa Contractor License Information

Contractor License Number: _____
Type (Sole Proprietor or Firm): _____
Expiration Date: _____

Amount Due, if paid by expiration date: _____
Late fee due, if any:_____

Amount Enclosed_____

Part 1. Contact Information. Please confirm all information. If information is missing or incorrect, please cross out any entries & write in the new or missing information.

Enter any corrections/ missing information.

Federal Tax ID# (FEIN) – last 4 digits*:		
Name of Business:		
Business Owner or Designated Representative:		
Business Email:		
Business Phone:		
Physical Address of Business:		
Mailing Contact:		
Mailing Address, if different:		

** 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.*

Part 2. Contractor Registration Information. Iowa Code chapter 91C lists the requirements for contractor registration. These requirements are separate from the requirement for licensure with the board. For additional information contact Iowa Workforce development at www.iowaworkforce.org/labor/contractor.htm.

State Contractor Registration Number (required):	

Part 3. Master of Record Information. Identify the trade(s) associated with your business and name of Master of Record for each trade. Only one Master of Record will be accepted per trade. To make changes, please cross out & add any missing or incorrect information in the "changes" column.

Trade	Master of Record Name (Iowa License #)	Changes, if any:
◯ Plumbing		
◯ HVAC/R		
◯ Hydronics		
◯ Mechanical		

Part 4. Insurance & Bond Requirements. As a reminder, Iowa law requires contractors to have the following minimum public liability insurance & bond requirements:

Public Liability Requirements: minimum coverage amount of $500,000.
Surety Bond Requirements: minimum coverage amount of $5,000.

For public liability policies and surety bonds:

(1) If the applicant operates the contractor business as a sole proprietorship, the applicant must provide the board with evidence that the applicant personally obtained the policy, or
(2) If the applicant operates the contractor business as an employee or owner of a legal entity (firm), the applicant must provide the board with evidence that the policy is obtained by the entity and that it covers all plumbing or mechanical work performed by the entity.
(3) The applicant must provide the board certificates that show the public liability insurance policy and the surety bond required shall not be canceled without the entity first giving 10 days written notice to the board.
(4) The Iowa Plumbing and Mechanical Systems Board must be included as a certificate holder of the public liability policy.

Part 5. Public Liability Insurance Information.

Insurance Company Name			
Insurance Company Contact Representative		Insurance Company Telephone	
Policy Number	Amount of Policy:	Effective Date:	Expiration Date:
Policy Number	Amount of Policy:	Effective Date:	Expiration Date:
◯ Enclosed is proof of my **current** public liability insurance information. **(Required)**			

Part 6. Surety Bond Information.

Bonding Company Name		
Bonding Company Contact Representative	Bonding Company Telephone	
Bond Number:	Amount of Bond:	
Check Type: ◯ Continuation Certificate ◯ Continuous Renewal	Effective Date	Expiration Date
◯ Enclosed is a copy of my **current** surety bond. **(Required)**		

Part 7. Screening Questions.

The following questions must be answered <u>by all applicants</u>. If you answer "Yes" to any questions below (1) attach a signed letter of explanation providing the details of the incident, including date(s), location(s), status, reason, etc., (2) attach a copy of any court ordered evaluations, including any recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.	
1. During the previous licensing period has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license or certification issued to your firm?	◯ Yes ◯ No
2. During the previous licensing period has your firm ever been sued in connection with your functions in this or any other state?	◯ Yes ◯ No
If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.	
The following additional questions must be answered <u>by sole proprietor applicants only</u>. If you answer "Yes" to any questions below (1) attach a signed letter of explanation providing the details of the incident, including date(s), location(s), status, reason, etc., (2) attach a copy of any court ordered evaluations, including any recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.	
3. During the previous licensing period were you 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 ◯ No
4. During the previous licensing period were you 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 ◯ No
5. During the previous licensing period were you disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?	◯ Yes ◯ No
6. During the previous licensing period, did you develop a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	◯ Yes ◯ No
7. During the previous licensing period, were you engaged in the illegal or improper use of drugs or other chemical mood altering substances?	◯ Yes ◯ No
If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.	

Part 8. Applicant Signature & Affidavit. Please read carefully. You must sign & date for your application to be processed.

I certify that I am either (1) a sole proprietor or (2) a business owner/designated representative of the applicant firm/entity and am authorized to submit this Contractor license renewal application on behalf of the applicant firm/entity.

I certify that I have read all requirements pursuant to Iowa Code chapter 105 & Iowa Administrative Code pertaining to contractor licensing, including 641—23.2(105), 641—23.3(105), and 641 IAC Chapter 32.

I certify that I have carefully read the questions on this renewal application and have answered them completely and truthfully. I declare under penalty of perjury that the answers, and all other statements or information submitted by me in this application 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 the applicant firm's/entity's license (or mine if applicable) 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 on behalf of the applicant firm/entity 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 application. Incomplete applications shall be considered invalid after 90 days and shall be destroyed. All fees are nonrefundable.

Printed Name of Business Owner or Designated Rep:_____

Signature of Business Owner or Designated Rep:_____

Date of Signature:_____

Part 9. Voluntary Relinquishment of Contactor License. If you are no longer providing services that require a contractor license and wish to relinquish your license, complete this section, sign & date the form, and return either the entire form or the first and last pages to our office.

- ☐ I wish to voluntarily relinquish my contractor license in the state of Iowa. This does not constitute a voluntary surrender in the context of a disciplinary proceeding. I understand that this voluntarily relinquishment is not effective until processed by the Board. I understand that once processed, my contractor license will become null and void. I understand that any entity or individual that contracts for plumbing or mechanical work in Iowa must possess a contractor license to do so, and I understand that by relinquishing this license, I/my company may no longer contract for plumbing and/or mechanical work in Iowa unless and until a new contractor license is obtained.

Printed Name of Business Owner or Designated Rep:_____

Business Name:_____ License # _____

Signature of Business Owner or Designated Rep:_____

Date of Signature:_____