

IDPH REGULATORY PROGRAMS Environmental Health

Plumbing and Mechanical Systems



INSTRUCTIONS TO RENEW A CONTRACTOR LICENSE

Use the following link to access the online licensing system: <https://dphregprograms.iowa.gov>

These instructions assume you have already created a Personal A&A account & set up your Profile Page. If you have not created an account, go to the IDPH Regulatory Programs webpage and follow the instructions <https://idph.iowa.gov/regulatory-programs/pmsb>

NOTE: The online system works best in either **Google Chrome** or **Safari** when applying online.

For assistance navigating the licensing system after reviewing these instructions, contact the Help Desk at 1-855-824-4357. For username and password assistance option #2

BEFORE YOU BEGIN: Please have the following information on hand:

- Unemployment Insurance ID number (UI#)
- [IDPH Certificate of Liability Insurance.](#)
- [IDPH Surety Bond or continuation certificate:](#)
- [IWD Out of State Contractor Bond or continuation certificate if you are an out of state contractor:](#)
- [IWD Worker's Compensation Insurance or Certificate of Relief:](#)
- [IWD Notarized Fee Exemption Form:](#)

If you have questions about any of these documents, please refer to the contractor website at: <http://idph.iowa.gov/pmsb/licensure/contractor>

Note: You will need to attach a copy of these documents to complete your application. If you do not have a scanned copy, the information may be mailed to our office; however, this will delay the processing of your application.

If you are unable to scan and complete the steps for adding attachments through the public portal, fax the documents to 515-281-6114 or mail to:

Plumbing & Mechanical Systems Board
ATTN: Contractor Clerk
321 E 12th St
Des Moines, IA 50319-0075

STEP 1: SIGN IN WITH EXISTING A&A ACCOUNT

Sign In on the portal home page.



STEP 2: SELECT THE BUSINESS/FACILITY

On the **My Profile** page, your business/facility will appear in the **Registered User's Memberships** box. Click the name of the business/facility so it appears highlighted, then click **Continue**.

The screenshot shows the 'Home > My Profile' page. On the left is a navigation menu with 'Home', 'Sign Off', and 'Help'. The main content area is divided into two sections: 'Basic Profile Details' and 'Physical Address Details'. The 'Basic Profile Details' section includes fields for Name (Luke AnakinSon Skywalker), Date of Birth (05/25/1972), Email Address* (lukeanakinson789@gmail.com), and Preferred Address. The 'Physical Address Details' section includes fields for Address is (dropdown), ATTN (Annakins Son), Street Number* (991), City* (Tattooine), Street Prefix (dropdown), County (dropdown), Street Name* (Uncle Ben Lars Farm), State* (Alberta), Street Type* (Drive), Country (CA), Street Direction (dropdown), Zip Code* (99999), Unit Type (dropdown), Phone 1* (5554449999), and Phone 2 (dropdown). Below the 'Registered User's Memberships' section, there is a list of memberships with 'Rebel Alliance' highlighted. At the bottom of the page, there are buttons for 'Continue', 'Reset', and 'Addresses'.

- Verify all information is accurate and make any necessary corrections.
- Confirm the email address.
- To add additional addresses or contact information, click on the **Addresses** button.

STEP 3: REVIEW COMPANY PROFILE

Click on **Company Profile**.

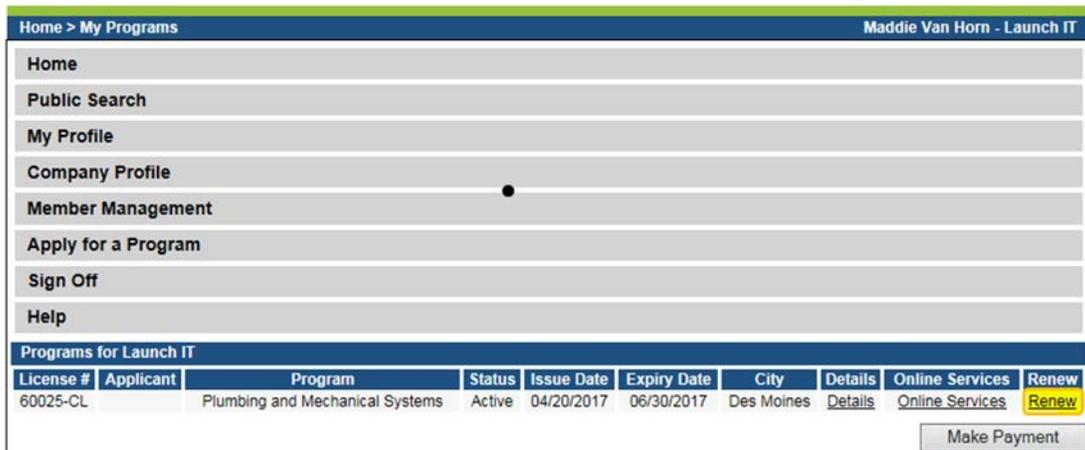
- Verify all information is accurate. Contact the department if the address or email has changed.
- To add additional addresses or contact information, click on the **Addresses** button.

The first screenshot shows the 'Home > My Programs' page. The navigation menu on the left includes 'Home', 'Public Search', 'My Profile', 'Company Profile' (highlighted with a red box), 'Member Management', 'Apply for a Program', 'Sign Off', and 'Help'. The second screenshot shows the 'Home > My Programs > Company Profile' page. It features a 'Basic Profile Details' section with fields for Company Name (Rebel Alliance), Tax ID / EIN / SSN (771-XXXX), Company Type (Sole Proprietorship/Individual Ownership), Program Type (PMSB), Preferred Address (Business Address), and Email Address* (luke@rebelalliance.com). Below this is the 'Physical Address Details' section with fields for Address is (Work), Address (Lela, 8 NW Yavin Way, SUITE 4, Massabi Outpost, YT 78999, CA), Phone 1 (7775557878 (Work)), and Phone 2 (7774449997 (Pager)). At the bottom right, there is a button labeled 'Addresses'.

- Click on the **My Programs** button to go back

STEP 4: RENEW LICENSE

Click on the **Renew** link next to the license you would like to renew.



A pop-up message will appear at the top of the screen. Click **OK**.



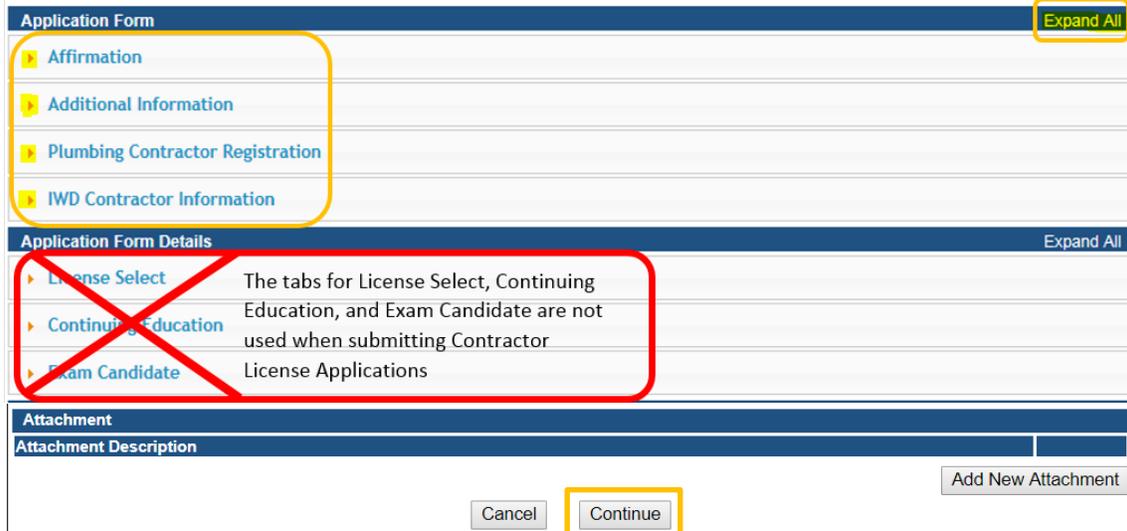
If you do not see an option to click **Renew**, then look for the **Edit** option under the **Details** column.



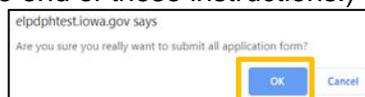
STEP 5: APPLICATION FORM

You will now be taken to the **Application Form** page for a contract license.

- 1) Click **Expand All**.
- 2) **SKIP** the Application Form Details area in red below: **License Select**, **Continuing Education**, and **Exam Candidate** are not required; these do not apply to contractor applicants.

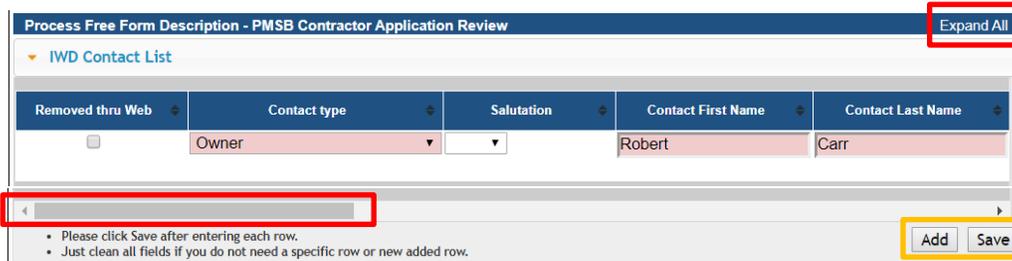


- 3) **Affirmation** – answer all questions in this section. * IF you enter a **YES** answer, give the details in the text box below.
- 4) **Additional Information** – Your existing selection will appear here as either **EIN** or **SSN**.
- 5) **Contractor Registration** – Your previous Iowa Workforce Development Contractor Registration number will appear here. (Please update this number if it has changed.)
- 6) **IWD Contractor Information** – Your **UI Number** will appear here. (Update this number if it has changed.)
 - a. Answer all three “Yes/No” questions. (If you are requesting an IWD fee exemption, attach the **Fee Exemption Form** located at the end of these instructions.)
- 7) When you have finished, click **Continue**.
- 8) A pop-up message will appear. Click **OK**.



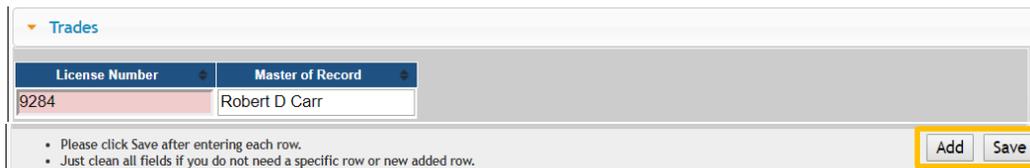
STEP 6: LICENSE PROCESSES

- 1) Click **Expand All**.
- 2) **IWD Contact List** – Your existing Contact Information will appear here.
THERE MUST BE AN OWNER LISTED HERE
Complete the following steps if you need to add additional members of the business
IF you are a sole proprietor, list yourself and anyone with authority to act on your behalf.
 - a. Click **Add**.
 - b. Complete the contact information fields. (Scroll to the right to see additional fields.)
 - c. Click **Save**.* Repeat the above steps to add additional contacts.



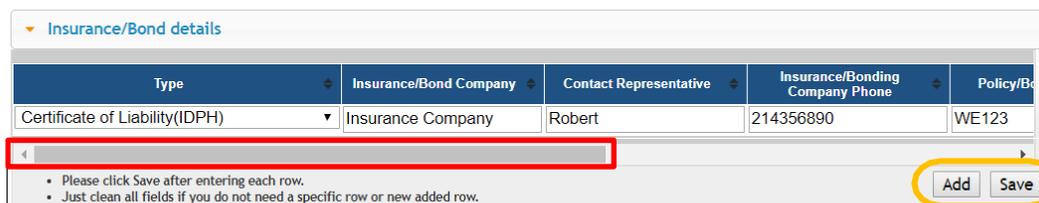
Removed thru Web	Contact type	Salutation	Contact First Name	Contact Last Name
<input type="checkbox"/>	Owner		Robert	Carr

- 3) **Trades** – Your existing Trades will appear here.
Complete the following steps if you need to add NEW trades.
ONLY ONE MASTER PER TRADE CAN BE LISTED.
 - a. Click **Add**.
 - b. Select the trade.
 - c. Enter the license number of the master.
 - d. Click **Save**.
 - e. Repeat for each additional trade.**IF YOUR MASTER HAS RECENTLY SUBMITTED A MASTER APPLICATION AND IT HAS NOT YET BEEN APPROVED, STOP AND CONTACT PMSB AT 866-280-1521.**



License Number	Master of Record
9284	Robert D Carr

- 4) **Insurance/Bond details** – Update the Insurance and Bond information by editing the fields and scrolling to the right to update the dates and amounts as needed.
You must list Surety Bond (IDPH) and Certificate of Liability(IDPH)
 - a. Click **Add**.
 - b. Select the insurance/bond type.
 - c. Complete the details across the row.
 - d. Click **Save**.
 - e. Repeat for additional insurance/bond information.



Type	Insurance/Bond Company	Contact Representative	Insurance/Bonding Company Phone	Policy/Bond
Certificate of Liability(IDPH)	Insurance Company	Robert	214356890	WE123

STEP 7: ADD ATTACHMENTS

To add any required documentation, scroll down and click the **Add New Attachment** button.

* Skip the attachment steps if you do not have any attachments to add.

The screenshot shows a form titled "Attachment" with a sub-header "Attachment Description". Below the header, there are two buttons: "Cancel" and "Continue". On the right side of the form, there is a button labeled "Add New Attachment" which is highlighted with a red rectangular box.

- 1) Use the **drop-down** to choose the **Type** of document you wish to attach.
- 2) Provide a **Description** of the document.
- 3) Click **Choose File** and select the file you wish to upload.
* Repeat this process for adding additional files.
- 4) Once you have uploaded all the files, click **Continue**.

The screenshot shows the "Attachment" form with two rows of data. The first row has "Type: PMSB Surety", "Description: Surety Bond", and "Choose File" with the filename "20191021090237190.pdf". The second row has "Type: PMSB Certifi", "Description: Liability Cert", and "Choose File" with the filename "20191021134331162.pdf". At the bottom right, there is a button labeled "Add New Attachment". At the bottom center, there are two buttons: "Cancel" and "Continue", with the "Continue" button highlighted by a red rectangular box.

STEP 8: TERMS AND CONDITIONS

Please read the terms and conditions.

- 1) Click the box next to "I agree with the terms and conditions."
- 2) Click **Continue**.

The screenshot shows a web page titled "Plumbing and Mechanical Systems". The breadcrumb trail is "Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions". On the left, there is a navigation menu with "Home", "Sign Off", and "Help". The main content area is titled "Terms and Conditions" and contains several paragraphs of text. At the bottom, there is a checkbox labeled "I agree with the terms and conditions" which is highlighted with a red box. Below the checkbox is a button labeled "Continue", also highlighted with a red box.

STEP 9: MAKE A PAYMENT

Once the application is complete, fees will appear and the system will allow you to make a payment.

Note: Review the fees for accuracy before clicking the Pay Now

PAY NOW:

- 1) Click **Pay Now**.

Home
Sign Off
Help

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
547796	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB 3 Year Contractor Registration Fee per year	\$50.00	No	
547796	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB Contractor Renewal Fee	\$250.00	No	
Total					Fee Amount: \$300.00	Paid Amount: \$0.00	Fee Due: \$300.00

el dphtest.iowa.gov says
Are you sure you really want to pay your program(s) online ?

Pay Later Pay Now
Payment Later Options
Check

- 2) Click **OK** on the pop up.
- 3) Select your **Payment Method** and fill in your payment details.
- 4) Click **Continue**.
- 5) Review your payment details and click **Confirm**.
- 6) Your **Confirmation Number** will appear - keep a record of this number.
- 7) Click **Continue** to be taken to your Receipt.

PAY LATER:

- 1) Select a "Payment Later" option from the drop-down.
- 2) Click **Pay Later**

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full	
547788	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB 3 Year Contractor Registration Fee per year	\$50.00	No	
547788	Plumbing and Mechanical Systems	Contractor License	Renewal	PLMB Contractor Renewal Fee	\$250.00	No	
Total					Fee Amount: \$300.00	Paid Amount: \$0.00	Fee Due: \$300.00

Are you sure you really want to pay later?
Your Application will not be processed as complete until payment is received.
Choose one of the Pay Later Options

Pay Later Pay Now
Payment Later Options
Check
Iowa Transfer
Online Payment

- 3) Click **OK** on the pop-up.
- 4) You can come back any time and click **Make Payment**.
- 5) To print a **Bill**, click **Details** on the Renewal Application.

Home
Public Search
My Profile
Company Profile
Member Management
Apply for a Program
Sign Off
Help

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
51189-CL		Plumbing and Mechanical Systems	Active	11/30/2018	10/30/2019	Des Moines	Details	Online Services	
51189-CL	Dorothy Knight	Plumbing and Mechanical Systems	Renewal			Des Moines	Details	Online Services	

Make Payment

- 6) Scroll down the details page and click **Print Bill**.
- 7) If you are mailing a check / money order, **print** the bill and include with payment.

SUPPLEMENTAL PART 1: LIABILITY INSURANCE & BOND

Public Liability Insurance Requirement

An applicant must provide the board with evidence of a public liability insurance policy issued by an entity licensed to do business in Iowa 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.

Sole Proprietor - 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 (e.g. Mary Smith DBA Mary Smith Plumbing).

Firm/Legal Entity - If the applicant operates the contractor business as an employee or owner of a legal entity, the applicant must 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.

The certificate holder needs to be listed as the Iowa Plumbing and Mechanical Systems Board, 321 E. 12th St, Des Moines, Iowa 50319.

Surety Bond Requirement

An 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.

"Surety bond" means a performance bond written by an entity licensed to do business in this state which guarantees that a contractor will fully perform the contract and which guarantees against breach of that contract.

The obligee for the bond must be listed as the customers of the principal. It cannot be the state of Iowa or the board. There have been bonds approved that used language such as, "licensee's Iowa customers" or "Person(s) injured by Principal's breach of construction contract." If your bonding agent has questions, please contact our office.

Sole Proprietor - 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 surety bond.

Firm/ Legal Entity - If the applicant operates the contractor business as an employee or owner of a legal entity, the applicant must 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.

Division of Labor Out-of-State Contractor Bond - Out-of-state contractors must file a \$25,000.00 surety bond at the time of registration and renewal. The bond must be issued by a surety company licensed to do business in Iowa on the out-of-state bond form provided at the end of this application. However, an out-of-state contractor that is pre-qualified to bid on projects for the Iowa Department of Transportation may submit a letter. For questions about the out of state contractor bond, contact the Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

SUPPLEMENTAL PART 2: IWD REQUIREMENTS

Fee Exemption – SUPPLEMENTAL FORM 2

Self-employed contractors who meet the specific criteria may send a completed fee exemption form instead of payment for the contractor registration portion of the fee. To qualify for registering without payment, a self-employed contractor must not work with or for other contractors in the same phases of construction and must not pay more than \$2,000.00 per year to employ others. A Notarized Fee Exemption Form must be completed and attached to the application. Contact the Division of Labor for questions about the fee exemption.

NOTE: This exemption applies only to the registration portion of the fee and does NOT apply to the licensing fee.

Removal/Additional Owner, Officer, Partner or Member Form – SUPPLEMENTAL FORM 3

Contractors are required by law to promptly notify the Division of Labor if any information on the application form changes. Use this form if owners, officers, partners, or members of the contractor change.

Unemployment Insurance Number

Contractors must obtain an unemployment insurance number before applying for contractor registration even if you have no employees. To obtain a UI# visit www.myiowaui.org or contact customer service at 888-848-7442 or IWDuitax@iwd.iowa.gov.

Workers' Compensation Insurance Information

A contractor with one or more employees must submit proof of workers' compensation insurance. In most cases employers must submit a certificate of insurance showing an effective date and listing the Division of Labor as a certificate holder. A self-insured contractor shall submit a Certificate of Relief from the Iowa Insurance Division.

Division of Labor Out-of-State Contractor Bond

Out-of-state contractors must file a \$25,000.00 surety bond at the time of registration and renewal. The bond must be issued by a surety company licensed to do business in Iowa on the out-of-state bond form provided at the end of this application. However, an out-of-state contractor that is pre-qualified to bid on projects for the Iowa Department of Transportation may submit a letter. For questions about the out of state contractor bond, contact the Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

SUPPLEMENTAL FORM 1: MOR CERTIFICATION FORM

Master of Record Certification Form	
<p>The purpose of this form is to ensure that the Master of Record named by the business agrees to serve as the Master of Record (MOR) for the business and understands their responsibilities. If you have more than one Master of Record, copy this form and submit a separate form for each individual.</p>	
<p>Business Name: _____</p>	
<p>Master of Record Name: _____</p>	<p>License #: _____</p>
<p>“Master of record” means an individual possessing an active master license under Iowa Code chapter 105 who shall be responsible for the following:</p> <ul style="list-style-type: none"> ○ Proper designing, installing, and repairing of plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic systems; ○ Being actively in charge of the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic work of the contractor. 	
<p>I hereby, agree to be the Master of Record, as defined above, for the contractor named on this form, in the following trade disciplines:</p> <p> <input type="radio"/> Plumbing <input type="radio"/> HVAC/R <input type="radio"/> Hydronics <input type="radio"/> Mechanical </p>	
<p>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 possesses master licenses in multiple disciplines may be a master of record for multiple contractors so long as the individual is only a master of record for one contractor in any particular discipline at one time. Without prior board approval, a contractor shall not knowingly utilize a master licensee to meet this requirement if the master licensee is simultaneously associated with another contractor in that discipline.</p>	
<p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Are you currently serving as Master of Record for another licensed contractor in plumbing, HVAC/R, hydronics, or mechanical systems?</p>
<p>If yes, provide name of business and specify the trade disciplines in which you are serving as master of record:</p> <p>_____</p>	
<p>Supervision. A master who superintends the design, installation, or repair of plumbing, mechanical, HVAC-refrigeration, or hydronic systems shall be available to supervise journeypersons or apprentices as needed and may only provide such supervision in the discipline or disciplines in which the master is licensed. A master shall not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.</p> <p>A helper for which a license is not required may only perform general manual labor activities under the supervision of a journeyperson or master. A licensee who utilizes the services of an unlicensed helper shall be responsible for the work performed by the helper and shall ensure that such work conforms to the minimum standard of acceptable and prevailing practice.</p>	
<p>Master of Record Signature & Affidavit. Please read carefully, sign & date.</p> <p>I certify that I have read and understood the requirements to serve as Master of Record for the contractor named above. I hereby agree to be Master of Record for this contractor in the trade discipline(s) specified.</p> <p>I certify that I understand the requirements for providing supervision and agree that I will not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.</p> <p>I understand I must notify the board within 30 days in the event I am no longer serving as master of record for this contractor. I understand that violation of any of these requirements may subject me to disciplinary action against my master license, up to and including license revocation.</p>	
<p>Signature: _____ Date _____</p>	

SUPPLEMENTAL FORM 2: FEE EXEMPTION FORM

Contractor Registration Iowa Division of Labor
1000 East Grand Avenue Des Moines, IA 50319-0209
Phone: 515-242-5871
Fax: 515-725-2427
www.iowadivisionoflabor.gov/contractor-registration
contractor.registration@iwd.iowa.gov

FEE EXEMPTION FORM

Contractor Registration #: _____

Business Name: _____

Check all that apply to your current situation:

- I am a self-employed contractor.
- I do not pay more than \$2,000.00 per year to employ other people in the business (do not include yourself) in the business of construction.
- I never perform construction work with or for other contractors working in the "same phase of construction." The "same phase of construction" is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc.
- If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me in the past 12 months and the amount paid to each employee.

If all of the statements are true, you may qualify for an exemption from the \$50.00 yearly contractor registration fee. If your business changes so that you no longer meet the fee exemption requirements, you must immediately forward the fee to the Iowa Division of Labor. Attach an additional sheet for employee data, if necessary. A new fee exemption form is required yearly along with renewing your contractor registration.

Please have a notary public ready to witness when signing this fee exemption form. Attach this form to your application and include with your Joint Contractor License and Registration application.

STATE OF _____

COUNTY OF _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20_.

By _____
(printed contractor's name)

NOTARY PUBLIC in and for the State of _____

My commission expires _____

Notary signature

Notary Stamp:

SUPPLEMENTAL FORM 3: OWNER/OFFICER FORM

**Iowa Division of Labor
Contractor Registration**
 150 Des Moines Street
 Des Moines, IA 50309-1836
 Phone: 515-242-5871
 Fax: 515-725-2427
contractor.registration@iwd.iowa.gov
www.iowacontractor.gov

Add/Remove Owner, Officer, Partner or Member Form

Business Name: _____

Contractor registration #: _____

Add Remove

Owner, officer, partner or member name	Email address	Phone number	
Address	City	State	Zip

Add Remove

Owner, officer, partner or member name	Email address	Phone number	
Address	City	State	Zip

Add Remove

Owner, officer, partner or member name	Email address	Phone number	
Address	City	State	Zip

Add Remove

Owner, officer, partner or member name	Email address	Phone number	
Address	City	State	Zip

Add Remove

Owner, officer, partner or member name	Email address	Phone number	
Address	City	State	Zip

I certify that the information on this form and the attachments is true and accurate to the best of my knowledge.

Name of person completing form	Signature		
Email address	Phone number	Date	