

IDPH REGULATORY PROGRAMS Environmental Health

Plumbing and Mechanical Systems



INSTRUCTIONS TO RENEW AN INDIVIDUAL LICENSE AND A CONTRACTOR LICENSE

THESE INSTRUCTIONS ARE FOR A COMPANY OWNER WHO ALSO HOLDS ONE OR MORE INDIVIDUAL LICENSES. To qualify for the 30% discount off the license renewal fee, you must submit both renewal applications on the same day.

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

All applicants except apprentices: Have your continuing education certificates on hand. If you do not have that information, contact your training provider.

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, the 'Registered User's Memberships' box contains 'Rebel Alliance' which is highlighted in yellow. Below it is the text 'Select a Membership for your Actions'. To the right is the 'Physical Address Details' form with the following fields: Address is (dropdown), ATTN: Annakins Son, Street Number*: 991, City*: Tatooine, 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, Unit Number: (input), Phone 2: (input). At the bottom are 'Continue', 'Reset', and 'Addresses' buttons.

- 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 with a menu where 'Company Profile' is highlighted with a red box. The second screenshot shows the 'Home > My Programs > Company Profile' page. It displays 'Basic Profile Details' for 'Rebel Alliance' with fields for 'Company Name', 'Tax ID / EIN / SSN', 'Company Type', 'Program Type', 'Preferred Address', and 'Email Address'. Below is the 'Physical Address Details' form for 'Lela' at '8 NW Yavin Way, SUITE 4, Mississauga, ON L4W 5G9, CA'. At the bottom right is an 'Addresses' button highlighted with a yellow box.

- 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.

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
60025-CL		Plumbing and Mechanical Systems	Active	04/20/2017	06/30/2017	Des Moines	Details	Online Services	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.

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	Edit	Online Services	

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.

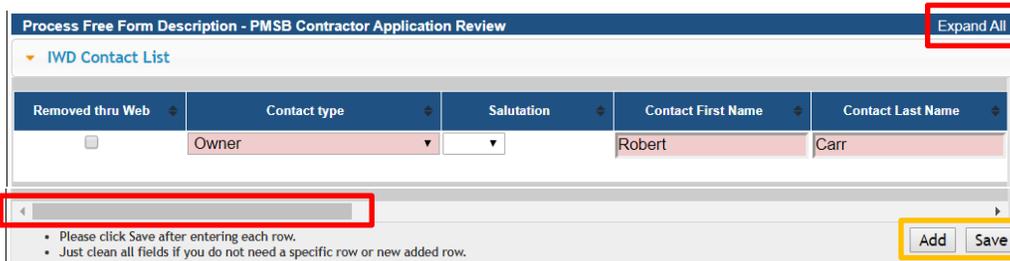
- 3) **Affirmation** – answer all questions in this section. * IF you enter a **YES** answer, give the details in the text box below.
- 4) **Additional Information** – Your existing selection will appear here as either **EIN** or **SSN**.
- 5) **Contractor Registration** – Your previous Iowa Workforce 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**.

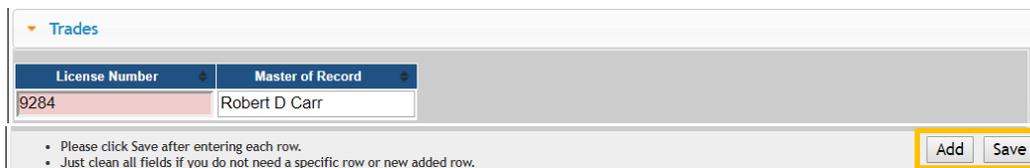


STEP 6: LICENSE PROCESSES

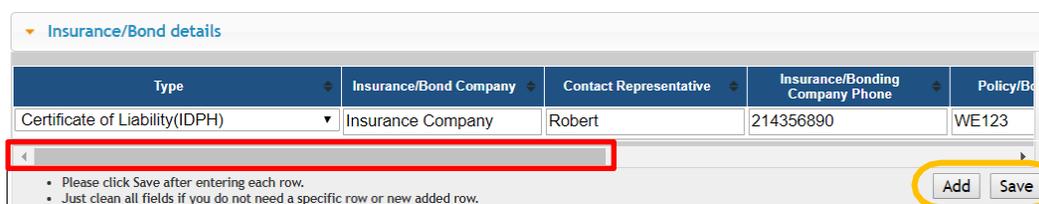
- 1) Click **Expand All**.
- 2) **IWD Contact List** – Your existing Contact Information will appear here.
THERE MUST BE AN OWNER LISTED HERE
Complete the following steps if you need to add additional members of the business
 IF you are a sole proprietor, list yourself and anyone with authority to act 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.



- 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.**



- 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.



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". At the bottom right, the "Add New Attachment" button is highlighted with a red box. Below the form are "Cancel" and "Continue" buttons.

- 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 attachments. The first row has "Type: PMSB Surety", "Description: Surety Bond", and "Choose File" button. The second row has "Type: PMSB Certifi", "Description: Liability Cert", and "Choose File" button. The "Add New Attachment" button is at the bottom right, and "Cancel" and "Continue" buttons are at the bottom center. The "Type" dropdowns and "Choose File" buttons are highlighted with a red box.

STEP 8: TERMS AND CONDITIONS

Please read the terms and conditions.

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

The screenshot shows the "Terms and Conditions" page for "Plumbing and Mechanical Systems". The page has a navigation menu on the left with "Home", "Sign Off", and "Help". The main content area contains the following text:

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information 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.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

I agree with the terms and conditions.

The "Continue" button is highlighted with a red box.

STEP 9: PAY LATER

To qualify for the 30% multi-license discount, you must submit renewal applications for your individual and contractor licenses on the same day and the applications must be for the same person.

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

- 3) Click **OK** on the pop-up.
- 4) Click on **My Profile**

STEP 10: UPDATE YOUR PROFILE INFORMATION

- 1) Verify all information is correct
- 2) To add additional addresses or contact information, click on the **Addresses** button (optional)
- 3) Click **Continue** when finished

STEP 11: RENEW LICENSE

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

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
	Your Name	Plumbing and Mechanical Systems	New			Des Moines	Edit	Online Services	
30043	Your Name	Plumbing and Mechanical Systems	Active	04/23/2017	06/30/2017	Des Moines	Details	Online Services	Renew

A message will pop up to confirm you want to renew this license. Click **OK**

If you have already clicked renew at an earlier time, the renew option will no longer be there. You will need to click on **EDIT**.

STEP 12: APPLICATION FORM

You will now be taken to the Application Form page for an individual license renewal:

- 1) Click **Expand All** to view all information fields in this section
- 2) **Affirmation:** Answer all questions in this section. If you answer YES, provide a summary in

the box.

- 3) **Continue Education:** Answer only if you qualify for a CE exemption. Note: apprentices will automatically qualify and should answer NO to this.



STEP 13: APPLICATION FORM DETAILS

You are now at the Application Form Details section of your renewal application

Click **Expand All** to view all information fields in this section

- 1) License Select:
 - a. Scroll to the right
 - b. **Action requested:** select the option for what you wish to do
 - c. Click **Save**

Basis for Licensure	Action Requested	ProcessRSN
Renewal	Do not Renew	2031554
Renewal	Renew Active status	2031555
Renewal	Renew Inactive status	2031556

only 10 rows you can add for each saving. Please save them first and then you can add another 10 rows and more.
If you do not need a specific row or new added row.

Add Save



NOTE: See Supplement 1 if you wish to combine to a single mechanical license

- 2) Continuing Education:
 - a. Click **Add**
 - b. Enter complete course number including CEUC or CEUL
 - c. Enter the course name
 - d. Enter the date you took the course
 - e. Enter course hours in the proper area (may need to scroll right for all disciplines)
 - f. Click **Save**
 - g. Repeat for each course

Application Form Details Expand All

▶ License Select

▼ Continuing Education

Course No#	Course Name	Course date	Safety Hours	Plumbing Code Hours	Mecha
ceuc181084	null	04/29/2020	4.0	2.0	2.0
ceuc181084	null				

Jun 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

◀ ▶
 • Please click Save after entering each row.
 • Just clean all fields if you do not need a specific row or new added row.

Add Save

▶ Exam Candidate

3) Click Continue

STEP 14: Process Description

If you are an apprentice:

- 5) Click **Expand All**
- 6) Complete the apprenticeship details
- 7) Click **Continue**

Process Description - Apprentice Collapse All

▼ Apprenticeship Details

Have you completed a high school or GED program? Yes No

Apprentice Identification Number: IA17N024535

Apprenticeship Start Date: 02/03/2017

Apprenticeship Completion Date: 09/01/2018

Number of advanced Apprenticeship hours issued if any: 4

Sponsor Department of Labor Program Number: IA001450002

Sponsor Contact Person Name: _____

Sponsor Phone Number or website: _____

Sponsor Contact Person Address: _____

Attachment

Attachment Description	View
test	

Add New Attachment

Cancel Continue

If you are a Medical Gas Installer

- 1) Click **Expand All**
- 2) Complete the required information
- 3) Click **Continue**

Process Description - Medical Gas System Installer Collapse All

▼ Medical Gas System Installer Details

Are you currently certified in medical gas piping by the National Inspection Testing Certification Corporation (NITC) or an equivalent agency? Yes No

Name of certification agency: Airgas Medical Gas Services, Inc (AMS) ▼

Certification Number: 1234567

Certification Expiration Date: 05/31/2017

Do you have a current brazer certification? Yes No

Brazer Expiration Date: 05/31/2017

Attachment

Attachment Description

STEP 15: OPTIONAL ADD ATTACHMENTS

To add any optional documents; such as CE certificates or proof of license in another state, scroll down and click the **Add New Attachment** button.

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

Attachment

Attachment Description

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

Out of state license		view	
Type:	Proof of Cert ▼	Description:	CE Certificate of Completion
		C:\Users\twebb\Desktop	<input type="button" value="Browse..."/>
Type:	Non-Iowa Pe ▼	Description:	Other state license proof
		C:\Users\twebb\Desktop	<input type="button" value="Browse..."/>
		<input type="button" value="Add New Attachment"/> <input type="button" value="Upload Attachments"/>	

STEP 16: 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**.

Plumbing and Mechanical Systems

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Home Terms and Conditions

Sign Off

Help

Terms and Conditions

I am authorized to complete this application on behalf of the organization.

As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.

In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.

I understand this information 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.

I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions.

I agree with the terms and conditions.

STEP 17: 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

License Details							
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

elpdphtest.iowa.gov says

Are you sure you really want to pay your program(s) online ?

- 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.

STEP 18: PAY FOR CONTRACTOR LICENSE RENEWAL

- 1) Click **My Profile**
- 2) Click on your company business name
- 3) Click **Continue**

- 4) Click **Make A Payment**
- 5) Click **Pay Now**
- 6) Complete the payment information to pay for your contractor license

Programs for The Plumbing & Heating Shop									
License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
51928		Plumbing and Mechanical Systems	Active	04/01/2016	06/30/2017	Sumner	Details	Online Services	
51928		Plumbing and Mechanical Systems	Renewal			Sumner	Details	Online Services	

[Make Payment](#)

Fee Details						
Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
539843	Plumbing and Mechanical Systems	Contractor License Renewal	Renewal	PLMB 3 Year Contractor Registration Fee per year	\$150.00	No
539843	Plumbing and Mechanical Systems	Contractor License Renewal	Renewal	PLMB Contractor Initial Fee	\$250.00	No
539843	Plumbing and Mechanical Systems	Contractor License Renewal	Renewal	PLMB Multiple License Fees Discount %	(\$75.00)	No
Total					Fee Amount:	\$325.00
					Paid Amount:	\$0.00
					Cancelled Amount:	\$0.00
					Fee Due:	\$325.00

[Pay Later](#) [Pay Now](#)
 Payment Later Options

SUPPLEMENTAL 1: COMBINE TO MECHANICAL LICENSE

If you currently hold separate licenses in HVAC/R and hydronics at the same level (Journeyman or Master) and wish to combine these licenses into a single mechanical license, you must follow these steps.

- Under Action Requested, select **do not Renew** for the HVAC/R license.
- Under Action Requested, select **do not Renew** for the hydronics license.
- Click Add to add a new row.
- For license type, select either **journeyman** or **master** (must be same level that is currently on file).
- For trade/specialty, select **Mechanical**.
- Under basis for licensure, select **Combine to Mechanical**.
- Under Action Requested, select **Renew active status** or **Renew Inactive Status** if you want an inactive license.
- Click **Save** when done.

Go back to step 5, number 2 on page 3 to continue your application

SUPPLEMENTAL PART 2: 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 3: 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

Removal/Additional 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	