



**IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD
APPRENTICE APPLICATION INSTRUCTIONS**

Completed applications may be submitted with applicable fees to:

Iowa Plumbing and Mechanical Systems Board
Iowa Dept. of Public Health
321 E 12th Street
Des Moines, Iowa 50319

Visit our website at <http://idph.iowa.gov/PMSB> for additional information on licensure requirements. For questions, call toll free (866) 280-1521.

An application is not considered complete and will not be processed until all items have been submitted as required, including license fees. If you are submitting a paper application, include the additional \$25 paper application fee. Instructions for creating an account, submitting an online application, and links to the online database are available at <https://idph.iowa.gov/regulatory-programs/pmsb>.

Part I – Applicant Information. Please write legibly and complete each question. Items with an * must be completed. Be sure to mark the box for the address you would like the board to use for all correspondence. The city and state of the identified address may be listed on licensediniowa.gov along with license information or provided as part of public information requests.

Part II– School Record. All apprentice applicants must have a high school education or attained GED equivalent.

Part III – Apprentice Licensure. 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 for the application to be processed. If you answer “Yes” to any of the questions, your application may be referred to the board for additional 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. Read the statement, sign and date the application. An applicant is responsible for the accuracy of the data, regardless of who 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 License Fees	Paper App Fee	Total Due for Paper Application
07/01/2018 to 12/31/2018	\$33.35	+ \$25	\$58.35
01/01/2019 to 06/30/2019	\$25.00	+ \$25	\$50.00
07/01/2019 to 12/31/2019	\$16.65	+ \$25	\$41.65
01/01/2020 to 06/30/2020	\$8.35	+ \$25	\$33.35



Iowa Plumbing & Mechanical Systems Board Application for Apprentice Licensure

SUBMIT COMPLETED APPLICATIONS WITH PAYMENT TO: Iowa Plumbing & Mechanical Systems Board
321 E 12th Street
Des Moines, IA 50319

Part I – Applicant Information – All items indicated with an * must be completed.

Name (First, MI, Last)*			Telephone*()	
Personal Mailing Address*			E-mail Address	
City*	State*	County*	Zip Code*	
Business Name			Telephone ()	
Business Address				
Business City	Business State	Business County	Business Zip Code	
Please check which address to send correspondence: Personal <input type="checkbox"/> Business <input type="checkbox"/>				
<i>**The city and state of this address may be listed on licensediniowa.gov with your license</i>				

Privacy Act Notice: Disclosure of your Social Security Number is required by 42 U.S.C. § 666(a)(13), Iowa Code §252J.8(1), §261.126(1), and §272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

Social Security Number*	Date of Birth *
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Part II – School Record *

Have you completed a high school or GED Program? <input type="checkbox"/> Yes <input type="checkbox"/> No All apprentice applicants must have completed a high school education or attained GED equivalent.
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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*	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 Iowa Plumbing and 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>Do you have a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition: means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever been convicted of, or entered a plea of no contest to a misdemeanor or felony crime? (Other than minor traffic violations with fines under \$250). You must answer YES, if the court expunged the matter or the court deferred judgment.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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, permit, registration, or certification issued to you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If answering Yes to any of the above questions, please explain. Attach additional sheets if necessary.</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*