



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD CONTRACTOR LICENSE 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.

Part 1 – Business Information. Please write legibly and complete each question. Items with an * must be completed. Iowa law requires contractors to maintain and provide a permanent business address as part of the application. This address may be different than the mailing address, but must be provided for all applications.

Part 2 – Master of Record Information. Mark the appropriate circle(s) to identify the trade disciplines in which plumbing or mechanical systems work is performed. A licensed Master of Record must be associated with each trade discipline. Note: mechanical work includes HVAC/R and Hydronics. Only one master of record per trade discipline will be accepted. "Master of record" means an individual possessing an active master license in Iowa who shall be responsible for the proper designing, installing, and repairing of the plumbing HVAC, refrigeration, sheet metal or hydronic work of the person. For a sole proprietorship, the business owner must be a licensed master in the applicable discipline as required by Iowa Code section 105.10(3).

Part 3 – Contractor Registration. Pursuant to Iowa Code chapter 91C a contractor must also maintain registration as a contractor with the Iowa Division of Labor and renew registration annually. These requirements are separate from the requirements for contractor licensure with the board. For more information about contractor registration, visit the Iowa Division of Labor website at <http://www.iowadivisionoflabor.gov/contractor-registration>. Beginning in July 2017, the goal is to try to streamline this process by allowing applicants to apply for and renew registration and licensure on the same form.

Part 4– 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 included as a certificate holder of the public liability policy.

A copy of the certificate must be provided with the application.

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 5– 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 application.**

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 6- Screening Questions. All applicants must answer questions #1 and #2. Sole proprietors must also answer questions #3 through #7. 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 and documentation with your application.

Part 7 - Applicant’s Signature. Read the statement, sign and date the application. An applicant is responsible for the accuracy of the information provided, regardless of who completes and submits the applicant's licensure application.

Fee Chart

Fees are pro-rated based on the length of time the license is valid for (all licenses expire June 30, 2017, and every three years thereafter). Find the correct date range and column based on license level/type to determine total fees due for a single Iowa license.

Date Application is Submitted	Contractor License	Active Master*	Combined Fee* (With 30% discount)
07/01/2016 to 12/31/2016	\$83.25	\$79.92	\$114.22
01/01/2017 to 06/30/2017	\$41.75	\$40.08	\$57.28

*Note that if you are applying for both an initial master license and initial contractor application at the same time, you are eligible for a 30% discount off the total license fees due for both applications. No paper application fee will be charged.

Checklist for application:

- Part 1, Business Information, has been completed. All questions marked with an * have been answered.
- Part 2, Master of Record Information, has been completed. For each trade discipline in which work is performed, the name and license number of the Master of Record has been provided.
- Part 3, Div. of Labor Contractor Registration number has been provided.
- Part 4, Professional Liability Information, has been filled out & completed.
- Part 4, copy of certificate of professional liability insurance has been attached.
- Part 5, Surety Bond Information, has been filled out & completed.
- Part 5, copy of surety bond has been attached.
- Part 6, Screening Questions, questions 1-2 have been answered. Sole proprietors must answer questions 1 through 7.
- Part 6, a full explanation for any “Yes” response has been provided and a copy of any supporting documentation has been attached.
- Part 7, Applicant Signature & Affidavit, has been read, signed & dated.
- Check or money order, made payable to the Iowa Plumbing & Mechanical Systems Board (or PMSB), for the application fee is enclosed.
- Completed form, attachments & fee enclosed & mailed to board office. Mail to: PMSB – Iowa Dept. of Public Health; 321 E 12th St; Des Moines, IA 50319.
- For questions call toll-free (866) 280-1521 or email PMBS@idph.iowa.gov or visit the board website at <http://idph.iowa.gov/PMSB>.



Iowa Plumbing & Mechanical Systems Board Contractor License Application

Mail completed application and fee to: Plumbing & Mechanical Systems Board – IDPH
321 E. 12th St.
Des Moines, IA 50319

Part 1. Business Information.

All items marked with an * are required.

Business Name *		Check if applying as* <input type="radio"/> Firm/Entity or <input type="radio"/> Sole Proprietor	
Federal Tax ID# (FEIN)* or SSN if sole proprietor*			
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.			
Full Name of Business Owner* (First Middle Last)			
Name of Designated Business Rep., if different (First Middle Last)			
Business Email:		Business Phone*	
Permanent Physical Business Address*			
City*		State*	Zip*
Mailing Address, If Different			
City		State	Zip
Please check which address to display on the board website*: <input type="checkbox"/> Permanent <input type="checkbox"/> Mailing <i>**The city and state of this address may also be listed on licensediniowa.gov.</i>			

Part 2. Master of Record Information.

Identify the trade(s) in which work is performed and provide the name of the Master of Record for each trade. Only one Master of Record will be accepted per trade. A master license holder may only be a master of record for one contractor in any particular discipline at any one time.

Trade Discipline	Master of Record Name	Iowa Master License #:
<input type="radio"/> Plumbing		
<input type="radio"/> HVAC/R		
<input type="radio"/> Hydronics		
<input type="radio"/> Mechanical		

Part 3. Contractor Registration.

Pursuant to Iowa Code chapter 91C a contractor must also maintain registration as a contractor with the Iowa Division of Labor and renew registration annually. These requirements are separate from the requirements for contractor licensure with the board.

State Contractor Registration Number (required):	
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Part 4. Public Liability Insurance Information.

Insurance Company Name			
Insurance Company Contact Representative		Insurance Company Telephone	
Policy Number	Amount of Policy:	Effective Date:	Expiration Date:
<input type="radio"/> Enclosed is my Certificate of Liability Insurance. (Required)			

Part 5. Surety Bond Information.

Bonding Company Name			
Bonding Company Contact Representative		Bonding Company Telephone	
Bond Number:		Amount of Bond:	
Check Type:	<input type="radio"/> Continuation Certificate <input type="radio"/> Continuous Renewal	Effective Date	Expiration Date
<input type="radio"/> Enclosed is a copy of my current surety bond. (Required)			

Part 6. Screening Questions.

<p>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, showing completion & recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.</p>	
1. 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?	<input type="radio"/> Yes <input type="radio"/> No
2. Has your firm ever been sued in connection with your functions in this or any other state?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.</p>	
<p>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, etc., (2) attach a copy of any court ordered evaluations, including any recommendations, & (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.</p>	
3. 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)?	<input type="radio"/> Yes <input type="radio"/> No
4. 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?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?	<input type="radio"/> Yes <input type="radio"/> No

6. Have you ever had a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	<input type="radio"/> Yes <input type="radio"/> No
7. Have you ever been engaged in the illegal or improper use of drugs or other chemical mood altering substances?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.</p>	

Part 7. 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 of the applicant and am authorized to submit this contractor license application on behalf of the 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 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'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 information provided, 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: _____

Signature of Business Owner: _____

Date of Signature: _____