



Iowa Plumbing & Mechanical Systems Board Examination Candidate Application

Submit completed applications & fee to: Plumbing & Mechanical Systems Board;
Iowa Dept. of Public Health; 321 E 12th St; Des Moines, IA 50319

Part 1: 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>**This address may be listed on licensediniowa.gov along with your license information.</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: Examination Type(s)

Designate the examinations you are applying to take. Journeyman candidates must also complete Form A. Master examination candidates must also complete Form B. Licensure reinstatement candidates, no additional forms are required. All applicants must also complete the Screening Questions & Applicant Signature sections.	
License # (if currently licensed)	<input type="checkbox"/> Check this box if you are testing for reinstatement of a license that has been expired for more than one year.
Journeyman	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical <input type="checkbox"/> Sheet Metal
Master	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical

Fee Table	Plumbing	HVAC/R	Hydronics	Mechanical	Sheet Metal	Subtotal	Total
Journey Level Tests	<input type="checkbox"/>	\$35.00 x # of tests					
Master Level Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	\$35.00 x # of tests	
						Total due _____	

Part III: Screening Questions* (All Required)

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.

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="checkbox"/> Yes—Please see below <input type="checkbox"/> No
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="checkbox"/> Yes—Please see below <input type="checkbox"/> No
Have you ever been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice?	<input type="checkbox"/> Yes—Please see below <input type="checkbox"/> No
Have you ever developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	<input type="checkbox"/> Yes—Please see below <input type="checkbox"/> No
Have you ever been engaged in illegal or improper use of drugs or other chemical mood altering substances?	<input type="checkbox"/> Yes—Please see below <input type="checkbox"/> No

If answering Yes to any of the above questions please provide a detailed explanation:

Part IV: 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, including answers supplied on either Form A or Form B, 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.

Applicant's Signature*	Date*
Applicant Printed Name*	

FORM A: Journeyperson Exam Candidates

Select the exam qualifications that you meet and complete the information requested.

Option 1: Department of Labor Apprenticeship Option 2: Four years of experience prior to 1/1/2010

Option 1: Candidates must have completed at least 42 months of credit in a Dept. of Labor registered apprenticeship program.
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*:
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Have you been issued advanced apprenticeship credit? Yes No

If yes, for how many hours?

Sponsor Name *:	Sponsor Department of Labor Program Number *:
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Sponsor Phone Number *	Sponsor E-mail Address
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Sponsor Mailing Address *	City, State Zip*
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Option 2: Candidates must have at least four years of experience prior to 2010. Complete the section, sign & notarize.

Notarized Affidavit of Employment Prior to 2010

I understand that this Notarized Affidavit of Employment is to be filed with the Iowa Plumbing and Mechanical Systems Board in conjunction with an exam candidate application. All statements contained herein are true and correct to the best of my knowledge. I understand that false or incorrect information provided by me in this verification or in my application for examination may result in the denial of a license application or revocation of a license, and may also subject me to civil and criminal proceedings. I understand that I may be required to provide additional information in support of this affidavit, and agree that all information in this affidavit and in my application may be verified and investigated.

I attest that I have met the work experience requirement necessary to sit for a journey level examination; specifically, that I possess at least forty-eight months of work experience completed prior to January 1, 2010, equivalent to a licensed apprentice. My experience was obtained at the following employers during the time periods listed.

Employer	City, State	Dates: MM/DD/YYYY to MM/DD/YYYY

Printed Name of Applicant:*	Date Signed:*
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Applicant Signature:

State of _____ County of _____ Sworn and Subscribed before me this _____ day of _____, 20____. _____ Notary Public Signature	Notary Stamp or Seal
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FORM B: Master Exam Candidates

Select the exam qualifications that you meet and complete the information requested.

Option 1: Previous Journey License & 2 years Journey work experience Option 2: Previous Master License

Option 1: Candidates must have been previously licensed as a journeyperson in the applicable discipline and have at least two years of journeyperson experience in the applicable discipline. Please check the box and initial below.

____ (initials) I certify by submitting this application that I have been previously licensed as a journeyperson and have at least two years of journeyperson work experience in the applicable discipline.

Journeyperson License #	Date Issued:	Date Expires:
State or Jurisdiction of License:	License Type/ Trade:	City, State, Zip of License:
License Contact Person:	Phone Number or Website to Verify License:	
Journeyperson License #	Date Issued:	Date Expires:
State or Jurisdiction of License:	License Type/ Trade:	City, State, Zip of License:
License Contact Person:	Phone Number or Website to Verify License:	

Option 1 – Complete Journeyperson Work Experience Below (must total minimum of two years).

Employer:	Start Date / / End Date / /
Address:	City, State, Zip:
Phone Number:	Duties:
Employer:	Start Date / / End Date / /
Address:	City, State, Zip:
Phone Number:	Duties:
Employer:	Start Date / / End Date / /
Address:	City, State, Zip:
Phone Number:	Duties:

Option 2: Candidates must have been previously licensed as a master in the applicable discipline. Please check the box and initial below. ____ (initials) I certify by submitting this application that I have been previously licensed as a master in the applicable discipline.

Master License #	Date Issued:	Date Expires:
State or Jurisdiction of License:	License Type/ Trade:	City, State, Zip of License:
License Contact Person:	Phone Number or Website to Verify License:	
Master License #	Date Issued:	Date Expires:
State or Jurisdiction of License:	License Type/ Trade:	City, State, Zip of License:
License Contact Person:	Phone Number or Website to Verify License:	