



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD
APPLICATION INSTRUCTIONS FOR JOURNEYPerson LICENSE VIA PREVIOUS MASTER LICENSE

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. Paper applications must be submitted with an additional \$25 paper application fee.

This application form is for candidates seeking a journeyperson license in Iowa on the basis of holding a master license in that trade discipline from another state or local jurisdiction. If the license from the other state/jurisdiction is not a master level license, you are not eligible to use this application and should review the exam candidate application to determine if you are eligible to sit for the Iowa examination(s).

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– License Type. If you already hold an Iowa license, please specify your license number. Next, designate whether you are seeking an Active or Inactive journeyperson license. (Inactive license holders must meet the same qualifications and obtain the same number of continuing education hours. See board rules for more information about inactive status.) Finally, designate the type of journeyperson trade license(s) you are applying for.

Part III – Master License(s). Check the box to certify that you have previously been licensed as a master in the applicable trade discipline. Provide details about your previous master licenses, include license number, issue date and expiration date, license trade, state or jurisdiction of the license and contact information (phone or website) where the license can be verified. Attach additional sheets as necessary.

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.

Fee Chart

Select the date range during which you are applying. Follow the line over to the license type and that is your total fees due for a single license. If you are applying for multiple **active** licenses on a single application, you are eligible to receive a 30% discount off the license fees. Multiple the fee times the number of licenses, and then multiple that total by .70. Add the paper application fee after any discounts.

Date Application is Submitted	Active Journey	Inactive Journey
01/01/2016 to 06/30/2016	\$90.00	\$25.00
07/01/2016 to 12/31/2016	\$59.94	\$16.65
01/01/2017 to 06/30/2017	\$30.06	\$8.35
+ Paper Application Fee	\$25	\$25

Example: Applying for 2 active journey licenses (Plumbing & Hydronics) in July 2016. Fee due is $59.94 \times 2 = 119.88 \times 0.70 = 83.92$. Add an additional \$25 if submitting a paper application, for a total due of \$108.92. For a single active license in July 2016, the fee is $59.94 + 25$ paper app fee.



Iowa Plumbing & Mechanical Systems Board

Application for Journeyman License via Previous Master License

Submit completed applications & fee to: Plumbing & Mechanical Systems Board;
Iowa Dept. of Public Health; 321 E. 12th St; 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"/>				
**This address may be listed on licensediniowa.gov along with your license information.				

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: License Type(s)

In the box below, indicate if you already hold an Iowa license. Next, select whether you are seeking an active or inactive license and designate the new journeyman trade licenses you are applying for.	
Iowa License # (if currently licensed)	Check the box to indicate the license status you are seeking for the new Journeyman trade licenses: <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Journeyman Trades	<input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC/R <input type="checkbox"/> Hydronics <input type="checkbox"/> Mechanical <input type="checkbox"/> Sheet Metal

Part III: Master License(s). Attach additional sheets if necessary.

Applicants must have been previously licensed as a master in the applicable trade. Please check the box and provide information below.		
<input type="checkbox"/> I certify by submitting this application that I have been previously licensed as a master in the applicable trade discipline.		
Master License #	Date Issued:	Date Expires:
License Type/ Trade:	State or Jurisdiction of License:	City, State, Zip of License:
License Contact Person:		Phone Number or Website to Verify License:
Master License #	Date Issued:	Date Expires:
License Type/ Trade:	State or Jurisdiction of License:	City, State, Zip of License:
License Contact Person:		Phone Number or Website to Verify License:

Part IV: 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 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.

Applicant's Signature*	Date*
Applicant Printed Name*	