



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD
APPLICATION INSTRUCTIONS FOR LICENSE BY RECIPROCITY

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, and the paper application fee if applying by paper.

This application form is for candidates seeking a license in Iowa on the basis of reciprocity. At this time the board only has a reciprocity agreement with the South Dakota State Plumbing Commission. The agreement covers only those individuals who received a license on the basis of written examination. If your license was issued on the basis of experience or reciprocity, you are not eligible for an Iowa license on the basis of reciprocity.

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– Iowa License Type Requested. Check the box and initial to indicate your understanding and agreement that you must abide by the provisions of Iowa law when performing work in Iowa. Next, designate the license level you are applying for. You must have a South Dakota license at that same level to be eligible. Indicate whether you are seeking an Active or Inactive license. (Inactive license holders must meet the same qualifications and obtain the same number of continuing education hours. Inactive license holders cannot perform work in Iowa until the license is made active, which requires the active license fee and a written request.) Finally, designate the trade license you are applying for.

Part III – South Dakota License Information. Provide details about your South Dakota plumbing license. You must include a copy of the license and request a certificate of good standing/license verification from the South Dakota State Plumbing Commission.

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

Fees are pro-rated based on the length of time the license is valid for (all licenses expire June 30, 2020, 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.

If applying by paper, include an additional \$25 paper application fee.

Date Application is Submitted	Active Journey	Active Master*	Inactive
01/01/2018 to 06/30/2018	\$150.12	\$200.16	\$41.70
07/01/2018 to 12/31/2018	\$120.06	\$160.08	\$33.35
01/01/2019 to 06/30/2019	\$90.00	\$120.00	\$25.00

*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.

Contractor Licenses

Iowa law requires contractors to be licensed with the board and also registered with Iowa Workforce Development – Division of Labor. There is no reciprocity for contractor licenses. To contract in Iowa, a business must meet the requirements of Iowa law. Please visit our website for more information on bond, insurance, and license requirements, and to download a contractor license application. Follow the links for Licensure – then click on Contractor Licenses. <http://idph.iowa.gov/pmsb>.



Iowa Plumbing & Mechanical Systems Board

Application for License by Reciprocity

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: Iowa License Type Requested

Check the box and initial where requested to indicate your agreement and understanding that you must abide by the provisions of Iowa law and rules when performing work in Iowa. Then, indicate the level, status, and trade of the Iowa license you are seeking on the basis of reciprocity. As of May 2016, the board only offers reciprocity in the plumbing trade with the state of South Dakota.	
<input type="checkbox"/> I hereby agree to abide by the provisions of Iowa law and rules while performing work covered by Iowa Code chapter 105. Initials _____	
License Level: <input type="checkbox"/> Journeyperson <input type="checkbox"/> Master	Check the box to indicate the license status you are seeking: <input type="checkbox"/> Active <input type="checkbox"/> Inactive
License Trade: <input type="checkbox"/> Plumbing	

Part III: South Dakota License Information.

South Dakota License #	Date Issued:	Date Expires:
License Level: <input type="checkbox"/> Journeyperson <input type="checkbox"/> Master	License Trade: <input type="checkbox"/> Plumbing	Issued on the basis of written examination? <input type="checkbox"/> Yes <input type="checkbox"/> No
You must include a copy of your South Dakota license with this application and a certificate of good standing issued by the South Dakota Plumbing Commission that verifies your license. Your license in South Dakota must be issued on the basis of examination. Contractors in Iowa must obtain a separate contractor license and Iowa contractor registration number.		

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.

Applicant's Signature*	Date*
Applicant Printed Name*	