**IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD**
**JOINT CONTRACTOR LICENSE & REGISTRATION 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, including fees. Please allow up to four weeks for processing. Applications and payments are not accepted over the phone.

**Part 1** – **Business Information.** Please write legibly and complete each question. Iowa law requires contractors to provide a physical business address and current email address. All communications and license documents will be emailed to you.

**Part 2- Screening Questions.** All applicants must answer questions #1 to #3. Sole proprietors must also answer questions #4 through #6. 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 3 – Contractor Registration.** The information in this section is **required** by the Division of Labor to issue your contractor registration.

**Unemployment Insurance Number (UI#)**
You must provide your unemployment insurance number for contractor registration even if you have no employees. To obtain a UI# visit www.myiowaui.org or contact customer service at 888-848-7442 or IWDuitax@iwd.iowa.gov.

**Division of Labor Fee Exemption**
This exemption applies **only** to the registration portion of the fees. You must be able to answer YES to the questions and submit your notarized Fee Exemption Supplemental Form 2. If you are unsure if you qualify, contact the Iowa Division of Labor at 515-242-5871 or contractor.registration@iwd.iowa.gov.

**Division of Labor Workers' Compensation Insurance Information.**
A contractor with one or more employees must submit a certificate of insurance with proof of workers' compensation insurance. The certificate holder must be listed as Iowa Division of Labor, 150 Des Moines St, Des Moines, IA 50309-1836 as a certificate holder. A self-insured contractor shall submit a Certificate of Relief from the Iowa Insurance Division.

**Division of Labor Out-of-State Contractor Bond Information.**
Out-of-state contractors must file a $25,000 surety bond at the time of registration. The bond must be issued by a surety company licensed to do business in Iowa on the out-of-state bond form provided at the end of this application. However, an out-of-state contractor that is pre-qualified to bid on projects for the Iowa Department of Transportation may submit a letter. For questions about the out of state contractor bond, contact the Iowa Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

**Part 4 – 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(2). Attach and complete a master of record certification form for each person listed. (Attachment A)

**Part 5 – 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.

**Master of Record Certification Form (Supplemental Form 1).** The master of record (MOR) for each of the trade disciplines named must complete and sign this form indicating that the person agrees to serve as MOR for the business. If you have more than one MOR, copy this form and submit a separate form for each individual. If the same individual is serving as MOR in multiple trades, only one form per person is required. Sole proprietor must personally hold the master license(s).

**Fee Exemption Form (Supplemental Form 2).** Attach this form if you are requesting a fee exemption from the contractor registration portion of the fee. The form must be notarized and you must meet all of the conditions specified on the form.

**Removal/Additional Owner, Officer, Partner or Member Form (Supplemental Form 3).** Attach this form to report the business owner, officer, partner or member or if you have any changes.

**Fees**

Fees are pro-rated based on the length of time the license is valid for (all licenses expire June 30, 2023, and every three years thereafter). In addition, a paper application fee of $25 applies when submitting a paper application.

| **Date Application is Submitted** | 7/01/2020 to 12/31/2020 | 1/01/2021 to 6/30/2021 | 7/01/2021 to 12/31/2021 | 1/01/2022 to 6/30/2022 | 7/01/2022 to 12/31/2022 | 1/01/2023 to 6/30/2023 |
|---|---|---|---|---|---|---|
| Contractor license fee* | $250 | $208.50 | $166.75 | $125 | $83.25 | $41.75 |
| Registration fee | $150 | $125 | $100 | $75 | $50 | $25 |
| Plus paper app fee | $25 | $25 | $25 | $25 | $25 | $25 |
| **Total** | $425 | $358.50 | $291.75 | $225 | $158.25 | $91.75 |

*If you are renewing more than one <u>active</u> master, contractor, or journeyperson license in one or more disciplines *for the same person*, a fee discount of 30% may be deducted from the license application fees. To receive the 30% discount all licenses must be for the **same individual** and **purchased in the same transaction**. The 30% discount does not apply to the paper application fee or registration portion of the fee. If applying online, the discount will calculate automatically (remember both applications must be submitted on the same day and be for the same person). Examples of fee discount:

| **Example: Contractor fees with 1 master license** | |
|---|---|
| $240 | Application fee – 1 master license |
| +$250 | Contractor license application fee |
| $490 | Subtotal |
| -147 | Subtract 30% discount |
| $343 | PMSB license fees due |
| +$150 | Add IWD contractor registration fee |
| +$25 | Add paper application fee |
| = $518 | Total for paper application |

| **Example: Contractor fees with 2 master licenses** | |
|---|---|
| $480 | Application fee – 2 master licenses ($240 x 2) |
| +$250 | Contractor license application fee |
| $730 | Subtotal |
| -219 | Subtract 30% discount |
| $511 | PMSB license fees due |
| +$150 | Add IWD contractor registration fee |
| + $25 | Add paper application fee |
| = $686 | Total for paper application |

**Checklist for application**

- ☐ Application form completely filled out (all 3 pages).
- ☐ Part 2, Screening Questions, questions 1-3 have been answered. Sole proprietors must answer questions 1 through 6. An explanation for any "Yes" response provided and any supporting documentation attached.
- ☐ Part 3, Contractor Registration Details. Answer all questions. You must have an unemployment insurance account number even if you have no employees.
- ☐ Part 4, workers compensation insurance certificate or certificate of relief is attached, unless you have no employees.
- ☐ Part 5, Master of Record Information
- ☐ Certificate of liability insurance has been attached with the Iowa Plumbing and Mechanical Systems Board, 321 E. 12th St, Des Moines, IA 50319-0075 as a certificate holder.
- ☐ Surety bond ($5,000 minimum) has been attached.
- ☐ Master of Record Certification Form (Supplement Form 1) has been filled out, read, signed & dated, by each Master of Record.
- ☐ Division of Labor Worker's Compensation Insurance has been attached with the Iowa Division of Labor, 150 Des Moines St, Des Moines, IA 50309-1836 as a certificate holder.
- ☐ Division of Labor Removal/Additional Owner, Officer, Partner or Member Form (Supplemental Form 3) has been filled out, read, signed & dated, by business owner (if applicable).
- ☐ Division of Labor Fee Exemption Form (Supplemental Form 2) must be able to answer yes to each question in part 3 and has been filled out, read, signed, dated & notarized by business owner (if applicable).
- ☐ Division of Labor Out-of-State Surety Bond ($25,000) has been filled out, read, signed & dated, by business owner (if applicable).
- ☐ Check or money order, made payable to the Iowa Plumbing & Mechanical Systems Board (or PMSB).
- ☐ 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 PMSB@idph.iowa.gov or visit the board website at http://idph.iowa.gov/PMSB. For questions about the unemployment insurance requirement, workers compensation requirements, or out of state contractor bond, contact the Division of Labor at contractor.registration@iwd.iowa.gov or 515-242-5871.

**Contractor Registration**
**Iowa Division of Labor**
1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-242-5871
Fax: 515-725-2427
iowadivisionoflabor.gov/contractor-registration
contractor.registration@iwd.iowa.gov

# BOND REQUIREMENTS FOR

# OUT-OF-STATE CONTRACTORS

With limited exceptions each contractor with a principal place of business outside of Iowa must file a $25,000 bond in order to register. Having a branch office in Iowa does not exempt a contractor from the bonding requirement.

The bond guarantees that you pay all taxes, penalties and other monies due to the State of Iowa as a result of your work in Iowa. Only the State of Iowa and its agencies or divisions can collect under the bond. The bond does not cover any other debts.

You must file a bond with original signatures and original surety company seal, when applying for your construction contractor registration number. Your bond must be executed by a surety company licensed to do business in Iowa, and it must be issued on the bond form provided by the Iowa Division of Labor. Bond effective date must match application date. In most cases, you must attach your surety company's power-of-attorney. **Bonds must be attached to the application or renewal form. Contractor Registration numbers WILL NOT be assigned without a bond.**

## Existing Bonds on File

If a current $25,000 bond is on file, a continuation bond MUST be filed at the time of renewing. Bonds shall NOT exceed the one (1) year statutory period unless a continuation is filed or the bond is cancelled by the surety company, with not less than thirty (30) days' written notice to the Iowa Division of Labor.

## False Information

Supplying false information with a contractor registration application may result in a $500 civil penalty and criminal prosecution.

## Exemptions

Instead of submitting a bond, a contractor may submit with the contractor registration application or renewal form, a copy of the contractor's letter from the Iowa Department of Transportation stating that the contractor is prequalified to bid on projects pursuant to Iowa Code 314.1. The Iowa bonding requirement may be suspended due to federal law or rule, or if enforcement would cause denial of federal funding.

# Plumbing & Mechanical Systems Professionals
# Joint Contractor License & Registration Application

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

## Part 1. Business Information.

| | | |
|---|---|---|
| **Business Name** | | **Contractor License Number or NEW** |
| **Full Name of Business Owner (First Middle Last)** | | |
| **Business Email** | | **Owner Email if different** |
| **Business Phone** | **Mobile Number** | **Fax** |
| **Permanent Physical Business Address** | | |
| **City** | **State** | **Zip** |
| **Mailing Address, If Different** | | |
| **City** | **State** | **Zip** |
| Please check which address to display on the board website: ☐ Permanent ☐ Mailing | | |
| **Federal Tax ID# (FEIN) or SSN if sole proprietor** | | Number Provided ☐ SSN of Owner or ☐ Business FEIN |

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.

**Business Type** ◯ Corporation ◯ Firm/Entity ◯ Partnership ◯ Sole Proprietor/Individual Ownership

## Part 2. Screening Questions.

**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.

| | |
|---|---|
| 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, permit, registration, or certification issued to you or the organization? | ◯ Yes ◯ No |
| 2. Have there ever been judgments or settlements paid on your behalf or the organization's behalf as a result of a professional liability case? | ◯ Yes ◯ No |
| 3. Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? | ◯ Yes ◯ No |

**If you answered Yes to any of the above questions please provide a detailed explanation.** Attach additional sheets, signed by you, as necessary.

| | |
|---|---|
| **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. | |
| 4. 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? | ◯ Yes<br>◯ No |
| 5. Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances? | ◯ Yes<br>◯ No |
| 6. 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.) | ◯ Yes<br>◯ No |
| If you answered Yes to any of the questions 3 to 6, please provide a detailed explanation. Attach additional sheets, signed by you, as necessary. | |

**Part 3. Contractor Registration Details.** Pursuant to Iowa Code chapter 91C a contractor must also maintain registration as a contractor with the Iowa Division of Labor and renew registration at the time of license renewal. These requirements are separate from the requirements for contractor licensure with the board. The information provided will be transmitted to the Iowa Division of Labor for your contractor registration. The Division of Labor may contact you if they have questions about your registration details.

| | |
|---|---|
| Are you already registered as a contractor with the Iowa Division of Labor? ◯ Yes ◯ No | |
| If yes, existing Iowa Contractor Registration Number (begins with a C): | |
| Unemployment Insurance (UI) Account Number: | |
| Do you have an out of state bond on file? ◯ Yes ◯ No | |
| Are you requesting a fee exemption from the Division of Labor registration fee? ◯ Yes ◯ No<br>If you select yes, you must attach a notarized copy of the Fee Exemption Form (Supplement Form 2). Note the fee exemption only applies to the IWD registration fee and NOT the Plumbing & Mechanical Systems Board contractor license fee. To qualify for the fee exemption, you must be able to answer Yes to each of the following questions: | |
| I do not pay more than $2,000 per year to employ other persons (do not include yourself) in the business of construction. | ◯ Yes<br>◯ No |
| I never perform construction work with or for other contractors working in the "same phase of construction" at the job site. The "same phase of construction" is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc. | ◯ Yes<br>◯ No |
| If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me in the past 12 months and the amount paid to each employee. | ◯ Yes<br>◯ No |
| **Select your Worker's Compensation Compliance Method:**<br>◯ I am insured – enclose copy of Workers' Compensation Insurance certificate listing the Iowa Division of Labor, 150 Des Moines St, Des Moines, IA 50309-1836 as a certificate holder.<br>◯ I am self-insured – enclose copy of Certificate of Relief issued by the Iowa Insurance Division.<br>◯ I have no employees. | |

**Part 4. 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. Attach and complete the Master of Record Certification Form for each person listed. (Supplement Form 1)

| Trade Discipline | Master of Record Name | Iowa Master License #: |
|---|---|---|
| ◯ Plumbing | | |
| ◯ HVAC/R | | |
| ◯ Hydronics | | |
| ◯ Mechanical | | |

**Part 5. 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 and contractor registration 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:_____

## Master of Record Certification Form (Supplemental Form 1)

Contractor applications must have a Master of Record Certification form for each master of record named for the business. The purpose of this form is to ensure that the Master of Record named by the business agrees to serve as the Master of Record (MOR) for the business and understands their responsibilities. If you have more than one MOR, copy this form and submit a separate form for each individual.

Business Name:

| Master of Record Name: | License #: |
|---|---|

"Master of record" means an individual possessing an active master license under Iowa Code chapter 105 who shall be responsible for the following:

- Proper designing, installing, and repairing of plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic systems;
- Being actively in charge of the plumbing, mechanical, HVAC-refrigeration, sheet metal, or hydronic work of the contractor.

I hereby, agree to be the Master of Record, as defined above, for the contractor named on this form, in the following trade disciplines:

◯ Plumbing ◯ HVAC/R ◯ Hydronics ◯ Mechanical

A master may only be a master of record for one contractor in any particular discipline at any one time, except that a contractor or a master may seek prior board approval to serve as the master of record for more than one contractor in a particular discipline. An individual who possesses master licenses in multiple disciplines may be a master of record for multiple contractors so long as the individual is only a master of record for one contractor in any particular discipline at one time. Without prior board approval, a contractor shall not knowingly utilize a master licensee to meet this requirement if the master licensee is simultaneously associated with another contractor in that discipline.

| | |
|---|---|
| ◯ Yes ◯ No | Are you currently serving as Master of Record for another licensed contractor in plumbing, HVAC/R, hydronics, or mechanical systems? |

If yes, provide name of business and specify the trade disciplines in which you are serving as master of record:

**Supervision.** A master who superintends the design, installation, or repair of plumbing, mechanical, HVAC-refrigeration, or hydronic systems shall be available to supervise journeypersons or apprentices as needed and may only provide such supervision in the discipline or disciplines in which the master is licensed. A master shall not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

A helper for which a license is not required may only perform general manual labor activities under the supervision of a journeyperson or master. A licensee who utilizes the services of an unlicensed helper shall be responsible for the work performed by the helper and shall ensure that such work conforms to the minimum standard of acceptable and prevailing practice.

**Master of Record Signature & Affidavit.** Please read carefully, sign & date.

I certify that I have read and understood the requirements to serve as Master of Record for the contractor named above. I hereby agree to be Master of Record for this contractor in the trade discipline(s) specified.

I certify that I understand the requirements for providing supervision and agree that I will not knowingly supervise unlicensed persons who perform work covered under Iowa Code chapter 105 for which a board-issued license is required.

I understand I must notify the board within 30 days in the event I am no longer serving as master of record for this contractor. I understand that violation of any of these requirements may subject me to disciplinary action against my master license, up to and including license revocation.

**Signature:**_____ **Date** _____

This page intentionally blank.

Kim Reynolds, Governor Adam
Gregg, Lt. Governor
Rod A. Roberts, Labor Commissioner

Contractor Registration #:_____

IOWA
WORKFORCE
DEVELOPMENT
Division of Labor

Business Name:_____

**FEE EXEMPTION FORM**

Check all that apply to your current situation:

- ☐ I am a self-employed contractor.
- ☐ I do not pay more than $2,000.00 per year to employ other people in the business (do not include yourself) in the business of construction.
- ☐ I never perform construction work with or for other contractors working in the "same phase of construction." The "same phase of construction" is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc.
- ☐ If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me in the past 12 months and the amount paid to each employee.

If all of the statements are true, you may qualify for an exemption from the $50.00 yearly contractor registration fee. If your business changes so that you no longer meet the fee exemption requirements, you must immediately forward the fee to the Iowa Division of Labor. Attach an additional sheet for employee data, if necessary. A new fee exemption form is required yearly along with renewing your contractor registration.
Please have a notary public ready to witness when signing this fee exemption form. Attach this form to your application and forward to the Division of Labor.

*To be filled out only by a notary public*

STATE OF _____ COUNTY OF _____

Signed and sworn to (or affirmed) before me on this_____day of_____, 20____.

By _____
(printed contractor's name)

_____
NOTARY PUBLIC in and for the State of_____

My commission expires _____

_____
Contractor's printed name Contractor's signature Date

**Iowa Division of Labor**
**Contractor**
**Registration** 150 Des Moines Street
Des Moines, IA 50309-1836 Phone: 515-242-5871
Fax: 515-725-2427
contractor.registration@iwd.iowa.gov
www.iowacontractor.gov

# Removal/Additional Owner, Officer, Partner or Member Form

**Business Name:** _____

☐ Add ☐ Remove

| Owner, officer, partner or member name | Email address | Phone number | |
|---|---|---|---|
| Address | City | State | Zip |

☐ Add ☐ Remove

| Owner, officer, partner or member name | Email address | Phone number | |
|---|---|---|---|
| Address | City | State | Zip |

☐ Add ☐ Remove

| Owner, officer, partner or member name | Email address | Phone number | |
|---|---|---|---|
| Address | City | State | Zip |

☐ Add ☐ Remove

| Owner, officer, partner or member name | Email address | Phone number | |
|---|---|---|---|
| Address | City | State | Zip |

☐ Add ☐ Remove

| Owner, officer, partner or member name | Email address | Phone number | |
|---|---|---|---|
| Address | City | State | Zip |

**I certify that the information on this form and the attachments is true and accurate to the best of my knowledge.**

| Name of individual completing form | Signature | Contractor registration # |
|---|---|---|
| Email address | Phone number | Date |

500-010
01.22.2020

**Contractor Registration**
**Iowa Division of Labor**
1000 East Grand Avenue
Des Moines, IA 50319-0209
Phone: 515-242-5871
Fax: 515-725-2427
iowadivisionoflabor.gov/contractor-registration
contractor.registration@iwd.iowa.gov

**FOR OFFICE USE ONLY**

Registration number:_____

Date received:_____

# OUT-OF-STATE CONTRACTOR BOND FORM

**Bond Number:** **Effective Bond Date:**_____

THAT_____of_____
(Principal) (Mailing address)

_____, and_____
(City and State) (Surety)

are held and firmly bound unto the State of Iowa, Division of Labor as the holder in the penal sum of twenty-five thousand dollars ($25,000) lawful money of the United States, to the payment of which sum, the Principal and Surety firmly bind themselves, their heirs, executors, successors, assigns and administrators, jointly and severally.

This obligation arises because the Principal is an out-of-state contractor desiring to perform construction work in the State of Iowa. Iowa Code Chapter 91C requires the Principal file this bond.

The Principal shall pay all taxes, including contributions due under the unemployment compensation insurance system, penalties, interest and related fees which may accrue to the State of Iowa, due to the Principal's work in Iowa. This bond may be renewed by a Continuation Certificate.

This bond shall be continuous in nature until cancelled by the Surety with not less than thirty (30) days' written notice to the Principal and to the Iowa Division of Labor, but shall not exceed the one (1) year statutory period. This bond shall run concurrently with the annual term of the Principal's out-of-state contractor registration pursuant to Iowa Code Chapter 91C.

The obligation of this bond shall be operative until released in the manner provided in Iowa Code Chapter 91C.

Executed this_____day of_____, 20 .

_____
Principal (signature)

_____
Surety (signature)