



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD EXAMINATION CANDIDATE 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 all required fees.

Part 1 – 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 public portal along with license information or provided as part of public information requests.

Part 2 – Examination Type(s). Designate the examinations you are applying to take. If you are applying for reinstatement of a license that has been expired for more than one year, provide your license number, and check the box to indicate that you are testing for reinstatement. Reinstatement candidates do not need to complete Form A or Form B.

Part 3 - 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 4 - 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 application.

Form A: Journeyman Exam Candidates

To be eligible to sit for a journeyman examination, candidates must meet one of the following qualifications: (1) have completed at least 42 months of credit in a Department of Labor (DOL) registered apprenticeship program; or (2) have at least four years of experience prior to January 1, 2010. Mark the box at the top of Form A to indicate the qualifications you meet.

Apprentices: If you are applying on the basis of a DOL apprenticeship program, complete only the information for Option 1 by providing information about your apprenticeship program. The information can be found on your DOL Apprentice Indenture Agreement. You do not need to have the form notarized.

Experience Prior to 2010. If you are applying on the basis of four years of experience prior to 2010, complete the questions in Option 2 by providing details about your employment history and dates of employment. Attach additional sheets as necessary to ensure your work history covers a minimum of four years prior to 2010. You must sign and date the form and have it notarized.

Form B: Master Exam Candidates

To be eligible to sit for a master examination, candidates must meet one of the following qualifications: (1) must have been previously licensed as a journeyman AND have two years of journeyman work experience in the applicable discipline; or (2) must have been previously licensed as a master in the applicable discipline in another state or jurisdiction. Mark the box at the top of Form B to indicate the qualifications you meet.

Journeyman with 2 Years of Work Experience: If you are applying on the basis of holding a journeyman license with at least two years of journeyman work experience, complete the information for Option 1 by listing your previous journeyman licenses AND listing your journeyman work experience. Provide details about the licenses by identifying the license number, issue date and expiration date, state or local jurisdiction that issued the license, license type or trade, and contact information (phone or website) where the license can be verified if necessary. In addition, you must provide details about your journeyman work experience that demonstrates a minimum of two years of experience.

Previous Master License. If you are applying on the basis having been previously licensed as a master in the applicable discipline, complete the questions in Option 2 by providing details about your previous master licenses. Identify the license number, issue and expiration dates, state or jurisdiction that issued the license, license trade or type, and contact information (phone or website) where the license can be verified.

Fee Information

Include a check or money order, made payable to Plumbing & Mechanical Systems Board or PMSB, for \$35 for each examination you are applying to take.

Next Steps in the Process

After a complete application and all required fees have been submitted, your application will be reviewed to determine if you meet the exam candidate qualifications. If you do not meet the qualifications your application will be returned with a letter indicating the application deficiencies. You must complete and return your application to be processed.

1. When approved, applicants will be sent an exam candidate approval letter. The letter will be emailed if you have a valid email address. The exam approval letter will provide you with an Exam Candidate ID number, program ID number, and a list of the examinations that the approval is valid for.
2. Follow the contact information provided in the letter to schedule your examination through the board's approved examination provider (Kirkwood Community College). The exam can be scheduled at one of the 15 different test centers throughout Iowa. You must pay an examination fee directly to Kirkwood each time you sit for the examination.
3. Visit Kirkwood's website (provided in the approval letter or link from the Examination page on the board website) to see a list of allowed resources during the exam (Ex: Code books, calculator, etc.).
4. After passing the examination, submit an application for Post-Examination Licensure. NOTE: A license is NOT automatically issued to you. You must submit the post-exam licensure application. The application can be submitted online or downloaded from our website. <http://idph.iowa.gov/pmsb/> Follow the links for "Licensure" and "Post-Examination Licensure." Also be advised that exam scores are only valid for two years. If you are an apprentice, you must have completed your apprenticeship before a journeyman license can be issued.

Approval for the examination is valid for one year and only for the specific examinations indicated on your approval letter. You are allowed to sit for the exam as many times as necessary during the approval period (a fee must be paid to Kirkwood for each exam retake, however). After the exam approval period has expired, a new Exam Candidate Application must be submitted if needed.



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 public portal license search 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 2: 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 3: 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 4: 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 *:
Sponsor Phone Number *	Sponsor E-mail Address
Sponsor Mailing Address *	City, State Zip*

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: