



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD

SPECIALTY LICENSE OR MEDICAL GAS CERTIFICATION 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 license 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– Requested License(s) and/or Certification. Mark the appropriate box for the specialty license types or medical gas certification that you are applying for.

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 – Training and Qualifications. Please visit our website under “Licensure” and then click on the appropriate license subtype for complete details on all training requirements and/or a list of board approved training programs. Complete the appropriate section A thru E depending on the type of license you are applying for.

- **Medical Gas Piping Certification.** Complete Section A and include a copy of your current certification card.
- **Service Technician HVAC Specialty License.** Complete Section B. Include a copy of your current certification or a copy of your degree or diploma.
- **Private School or College Routine Maintenance Specialty License.** Complete Section C. Provide proof of current employment with a private school or college by submitting a letter from your employer verifying your employment and routine maintenance duties.
- **Hearth Systems Specialty License.** Complete Section D and include proof of valid certification issued by the National Fireplace Institute.
- **Disconnect/Reconnect Plumbing Technician Specialty License.** Complete Section E. Provide proof of industry training or a copy of your plumbing degree or educational equivalent. If you do not have a degree, submit verification of your work experience, such as third party letters from those you identified that you have worked for. You can add any other official documents that can help verify your experience. Attach additional sheets as needed.

Part 5 - 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 Information

Fees are prorated based on the date of application & length of time the license is valid for. Fees apply per license. If applying for more than one license or certification on a single application, include the appropriate fee for each license type.

Date Application Submitted	Specialty License Fee	Medical Gas Piping Installer
07/01/2020 to 12/31/2020	\$50.00	\$75.00
01/01/2021 to 06/30/2021	\$41.70	\$62.55
07/01/2021 to 12/31/2021	\$33.35	\$50.03
01/01/2022 to 06/30/2022	\$25.00	\$37.50
07/01/2022 to 12/31/2022	\$16.65	\$24.98
01/01/2023 to 06/30/2023	\$8.35	\$12.53

Fee Due From Above:	
If applying for more than one license, additional license fee:	
Fee Above Paper Application Fee:	+ \$25.00
Total Due:	= _____



Iowa Plumbing & Mechanical Systems Board Specialty License & Medical Gas Certification Application

Mail completed application and fee to: Plumbing & Mechanical Systems Board – IDPH
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>**The city/state of this address may be listed on public portal search along with your license details.</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 – Requested License(s) and/or Certification

Designate Type of License: <input type="checkbox"/> Medical Gas Piping Certification (Complete Section A & attach proof of certification.) <input type="checkbox"/> Service Technician HVAC Specialty License (Complete Section B & attach proof of certification or degree.) <input type="checkbox"/> Private School or College Routine Maintenance License (Complete Section C & attach letter from employer.) <input type="checkbox"/> Hearth Systems Specialty License (Complete Section D & attach proof of certification or other training.) <input type="checkbox"/> Disconnect/Reconnect Plumbing Technician Specialty License (Complete Section E & attach proof of training.)
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Part 3 – 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.	
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there ever been judgments or settlements paid on your behalf as a result of a professional liability case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If answering Yes to any of the screening questions, please explain. Attach additional sheets if necessary.	

Part 4 – Training & Qualifications

Section A - Medical Gas Piping Certification

Select training provider & attach copy of certification:			
<input type="checkbox"/> National Inspection Testing Certification Corp. (NITC)	<input type="checkbox"/> Medical Gas Management (MGM)		
<input type="checkbox"/> Airgas Medical Gas Services Inc (AMS)	<input type="checkbox"/> Environmental & Medical Gas Services (EMGS)		
<input type="checkbox"/> Medical Gas Training & Consulting (MGTC)	<input type="checkbox"/> Other: _____		
Certification Number:		Expiration Date:	
Brazing Number:		Expiration Date:	

Section B - Service Technician HVAC Specialty License

Select training provider & attach copy of certification, diploma or degree:	
<input type="checkbox"/> North American Technician Excellence Certification (NATE) <input type="checkbox"/> RSES Certified Member Certification or Certified Member Specialist Certification <input type="checkbox"/> HVAC Excellence Certification, specify type: _____ <input type="checkbox"/> Service Technician Associate degree or equivalent educational degree <input type="checkbox"/> Other, specify (must be reviewed by board to determine equivalency): _____	
Certification Number: (if applicable)	Date of Expiration:
Name of Degree or Program: (if applicable)	Date of Degree:
Name of Institution:	City, State
Contact Person:	Contact Person Telephone: ()
Note: If the degree or program has not been previously approved by the board, additional information on the program may be required.	

Section C - Private School or College Routine Maintenance License

Please check the box and initial below. Submit a letter from your employer verifying employment & your duties.			
<input type="checkbox"/> _____(initials) I certify by submitting this application I am currently employed by a private school or college and my job duties include performing routine maintenance within the scope of employment with the private school or college.			
Name of Private School or College		Job Title:	
Address 1:		Address 2:	
City	State	Zip Code	
Name of Supervisor		Supervisor Telephone Number	

Section D - Hearth Systems Specialty License

Select training provider & attach copy of certification:

- National Fireplace Institute
 Other: _____ (Must be reviewed by board for equivalency.)

Certification Number:		Expiration Date:	
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Section E - Disconnect/Reconnect Plumbing Technician

Complete either option one or option two. *Information will be reviewed by board for equivalency prior to approval.*

Option One: Industry Training or On The Job Training. *Attach verification and additional sheets if necessary.*

Please check the box and initial below. Submit any available documentation, such as a letter from employer.

_____(initials) I certify by submitting this application I am receiving or have previously received industry training to perform work covered under this specialty license.

Name of Employer	Job Title:	Start Date	End Date (if applicable)
		_ / _ / _	_ / _ / _

Address:

City	State	Zip Code
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Name of Supervisor	Supervisor Telephone Number:
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Option Two: Plumbing Technician Associate Degree. Submit copy of transcripts or degree.

Name of Institution

City, State, Zip

Name of Degree or Program:	Date of Degree
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Contact Person:	Contact Person Telephone: ()
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Part 5 – 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.

Applicants Printed Name*	
Applicants Signature*	Date of Signature*