



IOWA PLUMBING AND MECHANICAL SYSTEMS BOARD JOINT CONTRACTOR LICENSE & REGISTRATION RENEWAL 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 Worker’s 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.

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

The fee due is based on the date the license originally expired, plus any late fees (Aug 1 - \$60, Sept 1 - \$100), and paper application fees. Once renewed, the license and registration would be valid until June 30, 2023.

For contractor licenses that expired on June 30, 2020, the following fee breakdown is applicable.

Contractor license fee due =	\$250*
Contractor registration fee due	\$150 (unless exempt and notarized fee exempt form included)
Plus paper application fee	<u>+\$25</u>
Total due for paper application =	\$425

If you qualify for an exemption for the IWD portion of the fee, the total amount due for a paper application would be \$275.

*If you are renewing more than one active master, contractor, or journeyman 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

NOTE: If your contractor license expired more than one year ago, it can no longer be renewed. You must submit an application to obtain a new contractor license, including all required bond and insurance documents.

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 515-242-587

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.
- Workers compensation insurance certificate or certificate of relief is attached, unless you have no employees.
- Part 4, 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).
- 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.



Plumbing & Mechanical Systems Professionals

Joint Contractor License Renewal & 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: <input type="checkbox"/> Permanent <input type="checkbox"/> Mailing			
Federal Tax ID# (FEIN) or SSN if sole proprietor		Number Provided <input type="checkbox"/> SSN of Owner or <input type="checkbox"/> Business FEIN	
<small>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.</small>			
Business Type <input type="radio"/> Corporation <input type="radio"/> Firm/Entity <input type="radio"/> Partnership <input type="radio"/> Sole Proprietor/Individual Ownership			

Part 2. Screening Questions.

<p>The following questions must be answered by all applicants. 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.</p>	
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?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> 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?	<input type="radio"/> Yes <input type="radio"/> No
<p>If you answered Yes to any of the above questions please provide a detailed explanation. Attach additional sheets, signed by you, as necessary.</p>	

The following additional questions must be answered by sole proprietor applicants only. 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?	<input type="radio"/> Yes <input type="radio"/> No
5. Have you, within the past 5 years, engaged in the illegal or improper use of drugs or other chemical substances?	<input type="radio"/> Yes <input type="radio"/> 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.)	<input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input type="radio"/> No	
Are you requesting a fee exemption from the Division of Labor registration fee? <input type="radio"/> Yes <input type="radio"/> No 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.	<input type="radio"/> Yes <input type="radio"/> 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.	<input type="radio"/> Yes <input type="radio"/> 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.	<input type="radio"/> Yes <input type="radio"/> No

Select your Worker's Compensation Compliance Method:

- 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.
- I am self-insured – enclose copy of Certificate of Relief issued by the Iowa Insurance Division.
- 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 #:
<input type="radio"/> Plumbing		
<input type="radio"/> HVAC/R		
<input type="radio"/> Hydronics		
<input type="radio"/> 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 (Attachment A)

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:	Contractor License #(XXXXXX-CL):
Master of Record Name:	Master 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.

<input type="radio"/> Yes <input type="radio"/> No	Are you currently serving as Master of Record for another licensed contractor in plumbing, HVAC/R, hydronics, or mechanical systems?
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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** _____

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



Contractor Registration #: _____

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
Mailing address: 1000 East Grand Avenue, Des Moines, Iowa 50319-0209
Physical address: 150 Des Moines Street, Des Moines, IA 50309 (FedEx/UPS)
Phone: 515-242-5871 | Fax: 515-725-2427 | www.iowacontractor.gov | contractor.registration@iwd.iowa.gov

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

**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	