

RECIPROCAL APPLICATION
FOR REGISTERED INTERIOR DESIGNER

IOWA INTERIOR DESIGN EXAMINING BOARD
200 East Grand, Suite 350, Des Moines, IA 50309
Phone: 515-725-9022 InteriorDesignBoard@iowa.gov

All applicants are responsible for knowing Iowa licensing and administrative law pertaining to their profession. You may review Code of Iowa 544C and Iowa Administrative Rules 193G at <https://plb.iowa.gov/>.

1. **ATTACH OFFICIAL TRANSCRIPTS**
2. **COMPLETE AND VERIFY CONTENTS OF THE APPLICATION**
3. **ATTACH LETTER(S) OF GOOD STANDING:** Obtain letter(s) of good standing from state licensing boards in which you hold an active certificate or license. It should confirm passing the NCIDQ exam. If your state(s) does not have an existing letter, please use the form found on the Iowa Board website.
4. **NCIDQ:** Attach documentation showing a current NCIDQ certificate number.
5. **PAYMENT INFORMATION:** Registrants with last names beginning with A through K expire on June 30 of even numbered years. Registrants with last names beginning with L through Z shall expire on June 30 of odd numbered years. Registration fees and continuing education requirements shall be applied pro rata to those registrants whose certificates expire in less than two years. All checks should be made payable to "State of Iowa". Registration fee is \$275.00. This fee divided by 24 months is \$11.46 per month. Take the monthly rate times the number of months until you are due to renew, including the current month and the final month of June.

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SECTION 1 - ADMINISTRATIVE INFORMATION	
Name (Last, first, middle):	Other names used:
Preferred Name for Registration Documents:	Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business
Home Address (Street and PO Box Number, City, State, Zip):	
Home Telephone:	Business Telephone:
Business Name and Address (Street with Suite and PO Box Number, City, State, Zip):	
<input type="checkbox"/> I am a veteran, as defined in Iowa Code section 35.1(2). I have attached documentation to verify my status as a veteran. Please consider my application under the veteran reciprocity provisions of 193 Iowa Administrative Code 14.3.	
SECTION 2 - DISCIPLINE INFORMATION If you answer "Yes" to any of these questions, attach a complete explanation.	
1. Have you ever had a professional license or authority to practice of any kind revoked, suspended, cancelled, or otherwise disciplined by a licensing board or agency of any state, or a federal agency? <input type="checkbox"/> yes <input type="checkbox"/> no	
2. Have you had an initial or renewal application for any professional license denied or refused? <input type="checkbox"/> yes <input type="checkbox"/> no	
3. Have you surrendered a professional license of any type to resolve a disciplinary investigation or proceeding in any jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no	
4. Have you ever been convicted of a felony in any state, federal, or foreign jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Have you been convicted of any other criminal offense in any state, federal, or foreign jurisdiction, other than a traffic offense or simple misdemeanor? <input type="checkbox"/> yes <input type="checkbox"/> no	

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SECTION 3 – EDUCATION					
Name and Address of Institution	Years Attended From To		Course of Study	Year Graduated (MM/YY)	Certificate/ Degree/Diploma Received

SECTION 4 – ACTIVE REGISTRATION
Provide a letter of good standing for each jurisdiction where you are actively licensed, certified, or registered. List all states where you hold an active registration or license:

SECTION 5 – NCIDQ STATUS
Provide documentation showing a current NCIDQ certificate number.
NCIDQ Certificate Number _____
Initial Certification Date: _____ Current Expiration Date: _____

I HEREBY CERTIFY that I have not violated the provisions of the license laws of any state other than violations revealed in this application. I **FURTHER CERTIFY** that I have reviewed and am familiar with and will be bound by the Iowa license law and rules of the Board, and that I personally completed this application and that the answers are true and correct to the best of my knowledge and belief.

Applicant's Signature _____ Date: _____

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*****NOTICE*****

***** PRINT THIS PAGE SEPARATELY*****

****THIS PAGE WILL NOT BE ADDED TO FILE OR PART OF PUBLIC RECORD****

CONFIDENTIAL INFORMATION

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1) and 261.126(1), and Iowa Code § 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 _____ - _____ - _____ Birth Date mm/dd/yyyy: _____ / _____ / _____

EMAIL: _____

METHOD OF PAYMENT

Choose Payment Option 1 or 2:

PAYMENT OPTION 1 -

Payment Enclosed, Check or Money Order made payable to "State of Iowa"

PAYMENT OPTION 2 -

Please bill my credit card \$ _____

*** The charge will appear on your statement as Professional Licensing Bureau**

Discover Number _____ - _____ - _____ - _____

MasterCard Number _____ - _____ - _____ - _____

Visa Number _____ - _____ - _____ - _____

Expiration Month and Year: _____ / _____

X _____ X _____
Name of Cardholder (please print) Signature