IOWA | Department of Inspections, Appeals, & Licensing

Iowa Interior Design Examining Board | Certification of Licensure/Registration

This Section To Be Completed By The Applicant		
Name (Last, First, Middle)	Previous Name(s)	
Current Address		
City	State	Zip
Date Of Birth	Social Security Number	
Names As It Appears On License (Last, First, Middle, Pre-Marriage)		
State Of Licensure	Issue Date	License Number

This Section To Be Completed By The Licensing Jurisdiction In Which The Applicant Is Licensed

I certify that _____ was issued _____ on _____
(Applicant) (License No.) (Date)

Current License Status: ☐ Active ☐ Inactive ☐ Lapsed ☐ Expired ☐ Other_____

Licensed by: ☐ Exam ☐ Reciprocity ☐ Other _____

The applicant has met the educational requirements, experience, and exam requirements in effect in this jurisdiction at the time licensure was granted. ☐ Yes ☐ No

Has the applicant had a license revoked or voluntarily surrendered a license while under investigation? ☐ Yes ☐ No

Has the applicant had any discipline imposed? ☐ Yes ☐ No
If "yes", please submit a copy of the charges, finding, and order with this certification.

Does the applicant have a complaint, allegation or investigation pending? ☐ Yes ☐ No

Licensing Board must affix seal, sign the document below and email to: InteriorDesignBoard@iowa.gov

(Seal)	Signature	
	Title	
	State	Date