



Department of Inspections,
Appeals, & Licensing

Plumbing & Mechanical Systems

Master of Record Certification Form

Attach to your
online application
or email to:

pmsb@dia.iowa.gov

Attach to your
paper application
and mail to:

DIAL
Plumbing & Mechanical Systems Board
6200 Park Ave, Suite 100
Des Moines, Iowa 50321

Contractor applications must have a Master of Record Certification form for each master of record named for the business. This form certifies 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. Complete one Master of Record Certification Form for each individual named as a Master of Record.

“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.

Business Name:

Existing Contractor
License # or New?

Existing: -CL New

Master of Record Full Name:

Master License #

I hereby, agree to be the Master of Record, as defined above, for the contractor named on this form and I hold a license in the following trade discipline(s):

- 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.

Are you currently serving as Master of Record for another licensed contractor in plumbing, HVAC/R, hydronics, or mechanical systems? Yes No

If Yes, provide the name of the 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 or type & 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.

Sign or Type: _____ Date: _____

By typing my name in the field above, I am adopting the same as my electronic signature with the intent to sign this record.