Department of Inspections, Appeals, & Licensing

Open this form in a web browser or Adobe to fill it out.
Save a copy of the completed form to your PC
Print and sign the form. Mail it with your application fees.

PRINT SAVE AS...
(Works only in Adobe)

Plumbing & Mechanical Systems

Contractor Renewal Info & Instructions

Email questions to: pmsb@dia.iowa.gov

Mail application and payment to:
DIAL
Plumbing & Mechanical Systems Board
6200 Park Ave, Suite 100
Des Moines, Iowa 50321

This document has three parts: Contractor Renewal Info & Instructions, Contractor License Renewal Form, and Master of Record Certification form.

Please carefully review **Contractor Renewal Info & Instructions** before starting the **Contractor License Renewal Form**. Visit the Plumbing & Mechanical Systems Board (PMSB) website for more information. We cannot process your application until all attachments (as applicable), and fees are received. Applications that can't be processed may be mailed back to you. Applications and payment can't be taken over the phone. If our staff contacts you about your application, you have 90 days to respond. If you do not respond, our staff will discard your application and you will lose any fees you already paid.

If your company name and federal identification number (FEIN#) have changed since your initial contractor application, you must 1) submit an intent to relinquish form to close your current contractor license/registration, 2) register your new company, and 3) complete a new contractor application instead of this renewal application.

Renewing more than one active Journey, Master, or Contractor license can qualify you for a 30% discount on your license fees. All licenses must be for the same individual to qualify. Both renewal applications (Individual & Contractor) must be submitted together.

Part 1 – Business Information: Please write legibly and complete each section. You can open this document in Adobe or a web browser to fill out your information before printing and signing. Use your contractor license number (00000-CL). Do not use your contractor registration number (C000000 or E000000). You must provide a physical business address (no PO box) and a current email address. You can use a PO box for your mailing address. **All communications and license documents will be emailed to you.**

Part 2 – Screening Questions: All applicants: answer questions #1 - #3. Sole proprietors: Also answer questions #4 - #6. You must answer 'Yes' even when a conviction or judgment has been deferred or expunged from your record. If you answer 'Yes,' attach the documents that the screening question requests.

Part 3 – Contractor Registration: The information in this section is required for your contractor registration.

Contractor Registration Fee Exemption: This exemption applies only to the registration portion of the fees. You must be a sole proprietor or single member LLC and submit your notarized Fee Exemption Form. If you are unsure if you qualify, contact contractor registration at 515-242-5871 or contractor.registration@dia.iowa.gov.

Contractor Registration Worker's Compensation Insurance Information: If any changes have been made since your initial contractor application, and you have one or more employees, you must submit a current certificate of insurance with proof of workers' compensation insurance. The certificate holder must be listed as the Bureau of Environmental Health & Contractor, Iowa Department of Inspections, Appeals & Licensing, 6200 Park Avenue Suite 100, Des Moines, IA 50321.

Contractor Registration Out-Of-State Contractor Bond: If a current $25,000 bond is on file or if any changes have been made since your initial contractor application, a current out-of-state bond must be filed at the time of renewal. However, an out-of-state contractor that is pre-qualified to bid on projects for the Iowa Department of Transportation may submit a letter.

Contractor Registration Unemployment Insurance (UI) Account Number: You must have an Iowa unemployment insurance (UI) number with Iowa Workforce Development. This account number is required even if you have no employees. Call 888-848-7442 or visit myiowaui.org to look up your account number or obtain an Iowa UI number.

Part 4 – Master of Record Information: Mark the appropriate circle(s) to identify the trade disciplines in which the master of record is licensed to perform work. If any changes have been made since your initial contractor application, attach and complete a new master of record certification form for each new master of record listed. If the same individual is serving as master of record in multiple trades, only one form per master of record is required.

Part 5 – Applicant Signature: Read the statement, sign, and date the application. The company or sole proprietor is responsible for the accuracy of the information provided in this renewal. This is regardless of who completes and submits the application on behalf of the company or sole proprietor.

Attachments: Include the following documents as applicable:

Document is Attached?		Document Type:	Requirements:
Yes	N/A		
☐		Certificate of Liability Insurance	• Covers your commercial general liability. • Includes workers' compensation insurance if you have employees. • Lists the following in the certificate holder field: Bureau of Environmental Health & Contractor Iowa Department of Inspections, Appeals & Licensing 6200 Park Avenue, Suite 100, Des Moines, IA 50321
☐		$5,000 Surety Bond	• Must be a signed and sealed license and permit bond.
☐		Master of Record Certification (Form at the bottom of this document)	
☐	☐	$25,000 Out-of-State Surety Bond	• Required if your company is based outside of Iowa. • Complete and attach the Out of State Bond form.
☐	☐	Contractor Registration Fee Exemption Form	• Required if you are applying for a contractor registration fee exemption.

Your insurance and bond documents must be from a company licensed to do business in Iowa.

Renewal Fees - Renewing online is the fastest way to get your new license.

Review this section carefully. Applications with incorrect fees are incomplete and will be mailed back.
The PMSB office is unable to remove late fees.

Paper Application Fee

Apply if you have not already included this fee with your enclosed individual license renewal.

Paper Application Renewal	Paper Application Fee:	Fee Total:
☐ Apply the paper application fee	$25.00	$ .00
	SUBTOTAL:	$ .00

On-time Renewal Fees

Multiple License Discount: A 30% discount applies if you are also renewing your individual license(s). You must include all renewal forms in the same envelope. Licenses expired for more than 1 year do not qualify for this discount. This discount does not apply to the paper application fee, Contractor Registration fee, or late fees.

License/Registration Fee Type:	Fee:	Multiple License Discount Applies?	Fee (if multiple license discount applies)	Fee Total:
Contractor License	$250.00	☐ Yes ☐ No	$175.00	$ .00
Contractor Registration	$150.00	N/A	N/A	$ .00
			SUBTOTAL:	$ .00

Contractor Registration Fee Exemption (Skip if you aren't applying)	Fee Deduction for Contractor Registration Fee Exemption:	Fee Total:
☐ I qualify for the Contractor Registration fee exemption	-$150.00	-$ .00
	SUBTOTAL:	-$ .00

Late Renewal Fees

If you are renewing after August 1 of the year your license expires, late fees are due.

License Expired More Than 1 Year? If your license has expired for more than one year, you will pay the full license fee instead of late fees. These renewals are not entitled to the 30% discount. Fees are not prorated. Once reinstated, the license(s) will expire at the end of the current licensing period.

Postmarked on or after:	Eligible to work?	Late Fee:	Fee Total:
☐ Jul. 1	Yes	$0.00	$ 0.00
☐ Aug. 1	Yes	$60.00	$ .00
☐ Sept. 1	No	$100.00	$ .00
☐ More than 1 year lapsed	No	Full license fee, no late fee, no fee discount.	$
		SUBTOTAL:	$ .00

Fee Totals:

Fee Type	Fee Totals
Paper Fee:	$ .00
Contractor License Fee: (Calculate multiple license discount if applicable)	$ .00
Contractor Registration Fee	$ .00
Late Fee(s) (if applicable):	$ .00
Registration Fee Exemption (If applicable)	-$ .00
GRAND TOTAL:	$ .00

◄ PAY THIS AMOUNT FOR YOUR CONTRACTOR RENEWAL
Also renewing your individual license(s)? Add this amount to your individual renewal fees. Mail both applications and fees together.

Use a check or money order when mailing payment. Do not send cash in the mail.

Plumbing & Mechanical Systems

Contractor License Renewal Form

Email questions to: pmsb@dia.iowa.gov

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

Part 1 – Business Information

Business

Business Name*

Federal Tax ID (or SSN if sole proprietor)*

License #* 5 -CL

Business Owner Contact

Business Owner First Name*

MI*

Last Name*

Business Email*

Owner Email (if different)

Business Phone*

Mobile Phone (if different)

Permanent Physical Business Address:

Address*

City*

State*

County

Zip*

Mailing Address (If Different from Physical Address)

Address

City

State

County

Zip

Displayed Address:

Indicate which address to display on the board website:
☐ Permanent Physical Address ☐ Mailing Address
If no options are selected, Permanent Physical Address will be chosen.
The city and state of this address may be listed on public portal search along with your license details.

Business Type

☐ Corporation ☐ Partnership
☐ Sole Proprietor / Single Member LLC

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.

Part 2 – Screening Questions

You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

All Applicants, answer questions 1-3:

1.	During the previous licensing period, did any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a professional license, permit, registration, or certification issued to you?	☐ Yes ☐ No
2.	During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case?	☐ Yes ☐ No
3.	During the previous licensing period, did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?	☐ Yes ☐ No

Sole Proprietors ONLY, answer questions 4-6:

4.	During the previous licensing period, did you develop a medical condition that in any way 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.	☐ Yes ☐ No
5.	During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances?	☐ Yes ☐ No
6.	During the previous licensing period, were you convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under $250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgement. You must submit the complaint and judgement of conviction of each offense.	☐ Yes ☐ No

If you answered 'Yes' to any of the questions above, attach:

1. Signed letter of explanation providing the details of the incident,
2. Copy of any court-ordered evaluations, showing completion and recommendations, and
3. 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.

Part 3 – Contractor Registration Details

Existing Contractor Registration Number (begins with "C"): C

Iowa Unemployment Insurance (UI) number:
Required even if you do not have employees

Do you have an out-of-state bond on file?	☐ Yes	☐ No
Are you requesting a fee exemption from the contractor registration fee?	☐ Yes	☐ No

If you select Yes, you must attach a notarized Fee Exemption Form. Note: The fee exemption only applies to the contractor registration fee and NOT the Plumbing & Mechanical Systems Board contractor license fee. To qualify for the fee exemption, you must be a sole proprietor or single member LLC

Select your Worker's Compensation Compliance Method:

- ☐ I am insured – If any changes have been made since your initial contractor application, enclose copy of your certificate of insurance with the Bureau of Environmental Health & Contractor, Iowa Department of Inspections, Appeals & Licensing, 6200 Park Avenue Suite 100, Des Moines, IA 50321 listed as the certificate holder.
- ☐ I have no employees.

PRINT SAVE AS...
(Works only in Adobe)

Part 4 – Master of Record Information:

Identify the trade(s) for which each master of record holds a license. Only one Master of Record will be accepted per trade. If any changes have been made since your initial contractor application, have your new master of record attach and complete the Master of Record Certification Form. (Supplement Form 1)

Trade Discipline:	Master of Record Full Name:	Master License #:
☐ Plumbing		
☐ HVAC/R		
☐ Hydronics		
☐ Mechanical		

Part 5 – Applicant Signature & Affidavit:

Please read carefully. You must sign & date 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.

_____

Business Owner's Printed Name

_____

Business Owner's Signature

_____

Date

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: 5 -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.