

← → ↻ amanda-portal.idph.state.ia.us/adpereh/portal/#/commons/sign-in 📄 🔗 ☆ □ ⓘ ⋮



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IDPH REGULATORY PROGRAMS

Radiological Health ■ Emergency Medical Services ■ Environmental Health

Sign In

For account ID, please enter your ENTAA account ID and not your email address.
(Ex. firstname.lastname@iowaaid)

Account ID *

Password *

Sign In

[Forgot Password](#) [Forgot ID](#)

* Account ID: Should be Firstname.Lastname@iowaaid

Note If you know your password go to slide #6



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Password *

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If you do not remember your password click here



Enterprise A&A

Sign In

Create An Account

Forgot Password

Forgot Id

DPH Regulated Communities

Enter your Account Id to see your personal security baseline questions.

Account Id:

Account Id

Retrieve Password

Enter ID

Click Here

What is A&A?
Report Issue to State Service Desk

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The use of this website may be monitored and recorded for administrative and security reasons. The State of Iowa and its agents may provide the information and evidence collected to third-parties including law enforcement officials.

Trans Id: STMPU3
You are looking at:
CI Logon

Additional Terms, Privacy & Warranty Information
Enterprise Authentication & Authorization - Common Interface

Version 4.3.1
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* Note after you click enter you will have to answer 3 questions that you set the answers for. You have 3 attempts to answer them correctly, if you fail at these questions, you will be sent an email to reset your password.



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(Ex. firstname.lastname@iowaid)

Account ID: *

Password *

Sign In

[Forgot Password](#)

[Forgot ID](#)



DPH Regulated Communities

Enter your email address to receive a reminder about your Account Id.

Email Address:

[Retrieve Id](#)

[Enter Email](#)

[Click Here](#)

[What is A&A?](#)
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The use of this website may be monitored and recorded for administrative and security reasons. The State of Iowa and its agents may provide the information and evidence collected to third-parties including law enforcement officials.

***Note an email will be sent with your information**



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My Programs **Click Here**

Apply for a Program

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My Profile

Basic Profile Details -

Name	Date of Birth
Email Address *	Preferred Address

Physical Address Details

Address is	ATTN
House Number *	Street Prefix
Street Name *	Street Type
Street Direction	County
Unit Type	Unit Number
City *	State
Country	Zip Code *
Phone 1 *	Phone 1 Type *
Phone 2	Phone 2 Type



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Programs for

License #	Applicant	Program	Status	Issue Date	Expiry Date	City	Details	Online Services	Renew
14661		Plumbing and Mechanical Systems	Active	05/02/2020	06/30/2023	Omaha	Details	Online Services	Click Here Renew

Items per page: 5

1 - 1 of 1

Make Payment

If you are an Individual and wants to apply for a New Individual License, click on Apply for a Program on the above. Instructions to Apply for a Program

If you have an existing company, the company name should be listed in the left-hand column. Select the Company and click continue. If you do not see the company name contact the Program office. If you want to apply as a Brand New Company or enter an Existing Company for the first click on New Company Registration. Instructions to create New Company Registration

If you are an Individual returning to the system: Instructions to how to return system.

- Click on Details to add a new piece of equipment or edit/view an already approved application.
- Click on Online Services to select services available for your License type.
- Click on Renew (when displayed) to complete a renewal application.
- Click on Edit (if displayed) to complete a pending application.

Application Form

Plumbing and Mechanical Systems - Individual License

Applicant: Jason Kirchhevel

Application Form

- Affirmation

Exemptions
- Click Here 
- ▼

Application Form Details

- License Select

Continuing Education

Exam Candidate
- ▼
- ▼
- ▼



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Affirmation

During the previous licensing period, did you develop a medical condition, which 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

If yes, provide a description of your condition and submit a letter from a physician stating how your condition will affect your ability to perform the duties of this profession.

During the previous licensing period, did you engage in the illegal or improper use of drugs or other chemical substances? *

☐ Yes ☒ No

If yes, provide a statement and a copy of relevant documentation including records from a physician or treatment program.

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 judgment. You must submit the complaint and judgment of conviction for each offense. *

☐ Yes ☒ No

If yes, include the date, location, charging orders, court disposition, and current status (i.e. probation) for each charge.

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

If yes, include the date, location, reason, and resolution.

During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case? *

☐ Yes ☒ No

If yes, include the date, location, reason, and resolution.

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

If yes, provide a description of the circumstances.

Answer all of these questions truthfully
according to you

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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? *

YesNo

If yes, include the date, location, reason, and resolution.

During the previous licensing period, were there judgments or settlements paid on your behalf as a result of a professional liability case? *

YesNo

If yes, include the date, location, reason, and resolution.

During the previous licensing period, did you have a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *

YesNo

If yes, provide a description of the circumstances.

Exemptions

Application Form Details

License Select

Continuing Education

Exam Candidate

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1. To add an attachment, click "Add New Attachment."

2. Fill in details of your attachment and choose a file to upload.

3. Click "Upload Attachments" to upload your file.

Application For

: ☐ Yes ☒ No

If yes, provide a description of the circumstances.

Exemptions

I am exempt from the continuing education requirements for this renewal. *

: ☐ Yes ☒ No

If Yes, Please select your exemption.

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Application Form Details

License Select

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Attachment Description

Items per page: 5 ▼

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[Add New Attachment](#)



Application Form Details

License Select

License Type *	Trade/Specialty *	License Status	Action Requested *	Basis for Licensure *	Approved date	Expired Date
Journey person	HVAC/R	Renewal	Renew	Renewal	05/01/2020	06/30/2023

- Please click Save after entering each row.
- Just clean all fields if you do not need a specific row or new added row.

Add Save

Continuing Education

Click Here

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Application Form Details

License Select

Continuing Education

Course No# *	Course Name *	Course date *	Safety Hours	Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hours	HVAC/R Trade Hours	Hydronics Trade Hours	Sheet Metal Trade Ho
--------------	---------------	---------------	--------------	---------------------	-----------------------	------------------------	--------------------	-----------------------	----------------------

Click Here

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Save

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[Help](#)

Application Form Details

License Select

Continuing Education

	Course No# *	Course Name *	Course date *	Safety Hours	Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hou
	CEUC232994	Hoisting, Rigging & Signaling	10/21/2021 	2			

- Please click Save after entering each row.
- Just clean all fields if you do not need a specific row or new added row.

*Note you need to scroll over to finish entering hours

Add

Save

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Application Form Details

License Select

Continuing Education

Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hours	HVAC/R Trade Hours	Hydronics Trade Hours	Sheet Metal Trade Hours	Plumbing Trade Hours
			4		4	

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Application Form Details

License Select

Continuing Education

	Course No# *	Course Name *	Course date *	Safety Hours	Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hou
	CEUC253395	International Mechanical Cod	11/18/2022 			2	
	CEUC232994	Hoisting, Rigging & Signaling	10/21/2021 	2			

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Application Form Details

License Select

Continuing Education

Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hours	HVAC/R Trade Hours	Hydronics Trade Hours	Sheet Metal Trade Hours	Plumbing Trade Hours
	2		2		2	
			4		4	

- Please click Save after entering each row.
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Add

Save

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*Note

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License Select

Continuing Education

Course No# *	Course Name *	Course date *	Safety Hours	Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hours
CEUC232994	Hoisting, Rigging & Signaling	10/21/2021	2			
CEUC253395	International Mechanical Cod	11/18/2022			2	

Please click Save after entering each row.

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Continuing Education

Course No# *	Course Name *	Course date *	Safety Hours	Plumbing Code Hours	Mechanical Code Hours	Mechanical Trade Hours
CEUC232994	Hoisting, Rigging & Signaling	10/21/2021	2			
CEUC253395	International Mechanical Cod	11/18/2022			2	

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3. Click "Upload Attachments" to upload your file.

Attachment Description

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CancelContinue

Are you sure you really want to submit all application form?

Ok

Cancel

Click Here

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Organization Demographics

Other Jurisdiction License Details

Fee Waiver Request

Process Free Form Description - Journeyperson

License Information

Military Service Details

Reciprocity Details

Employer

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Attachment Description

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Upload Attachments

Cancel

Continue

Click Here

Process Description - PMSB Individual Application Review -

Exam Details

Master License in Another Jurisdiction

Military Service Details

Reciprocity

Organization Demographics

Other Jurisdiction License Details

Fee Waiver Request

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Process Description - PMSB Individual Application Review -

Exam Details

Master License in Another Jurisdiction

Military Service Details

Reciprocity

Organization Demographics

Other Jurisdiction License Details

Fee Waiver Request

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Attachment Description

Are you sure you really want to submit all application form?

Ok

Cancel

Click Here

Items per page: 5

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IDPH REGULATORY PROGRAMS

Environmental Health

Plumbing and Mechanical Systems



Terms and Conditions

I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning my application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that I am required to update answers or information submitted herewith if the response or the information changes.

In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I provided on or in conjunction with this application.

I understand that this information 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.

I have read the Administrative Rules governing this profession and I agree to comply with those provisions.

☒ I agree with the terms and conditions.

[Click Here](#)

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Make Payment

Thank you for completing your Application or Request. You may now select the **Pay Now** button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the **Pay Later** button.

Note: An application is not considered submitted until payment is made. You may check the status of your License(s) by signing into the website at a Later Date and reviewing on the **My Programs** page. Application fees are non-refundable.

License Details

Reference (Row ID) #	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
402634	Plumbing and Mechanical Systems	Individual License	Renewal	PLMB Journey Renewal Fee	\$180.00	No
			Fee Amount: \$180.00	Paid Amount: \$00.00	Fee Due: \$180.00	

Pay Later

Pay Now

Payment Later Options



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IDPH REGULATORY Radiological Health

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Are you sure you really want to pay your program(s) online ?

Click Here

OK

Cancel

Services ■ Environmental Health

Make Payment

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Fee Details

Reference (Row ID) #	Product Fee Description	Fee Amount	Paid in Full
402634	Plumbing and Mechanical Systems Fees	\$180.00	No

Fee Amount: \$180.00

Paid Amount: \$00.00

Fee Due: \$180.00

Pay Later

Pay Now

Make a Payment

My Payment

IDPH Licensing and Regulatory Programs

Amount Due \$180.00

Payment Information

Frequency One Time

Payment Amount \$180.00

Payment Date Pay Now

Contact Information

First Name

Last Name

Company (Optional)

Address 1

Address 2 (Optional)

City/Town

State/Province/Region

Zip/Postal Code

Country

Phone Number

Email Address

Payment Method

Payment Method

Card Number

Expiration Date

Card Security Code

Card Billing Address ☒ Use my contact information address
☐ Use a different address

Continue

[Cancel](#)

Fill out and Click here

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	\$180.00
Payment Date	05/04/2023

Payment Method

Payer Name	
Card Number	
Expiration Date	
Card Type	
Confirmation Email	

Billing Address

Address 1	
Address 2	
City/Town	
State/Province/Region	
Zip/Postal Code	
Country	

Contact Information

First Name	
Last Name	
Address 1	
Address 2	
City/Town	
State/Province/Region	
Zip/Postal Code	
Country	
Phone Number	
Email Address	

Confirm

[Back](#)

Click here

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWDPH012772179**

Payment Details

Description Department of Public Health
IDPH Licensing and Regulatory Programs
<https://idph.iowa.gov/>
Payment Amount \$180.00
Payment Date 05/04/2023
Status PROCESSED

Payment Method

Payer Name
Card Number
Card Type
Approval Code
Confirmation Email

Billing Address

Address 1
Address 2
City/Town
State/Province/Region
Zip/Postal Code
Country



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Payment Receipt

Thank you for using the Online Services.
Please **PRINT** this receipt here.

Receipt

Receipt Information

Receipt No.:	154004	Payment Date:	05/04/2023	Invoice No.:	295769
--------------	--------	---------------	------------	--------------	--------

Payer Information

Company:	
Payment Made By:	
Phone No.:	
Payment Method:	Online Payment
Payment Amount:	\$180.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH012772179

Receipt Details

Fee Description	Internal Ref. No.	Fee Amount
PLMB Journey Renewal Fee	402634	\$180.00
		Total: \$180.00

My Programs

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A confirmation email will be sent to you
forward it to local3@smartloc3.com for reimbursement