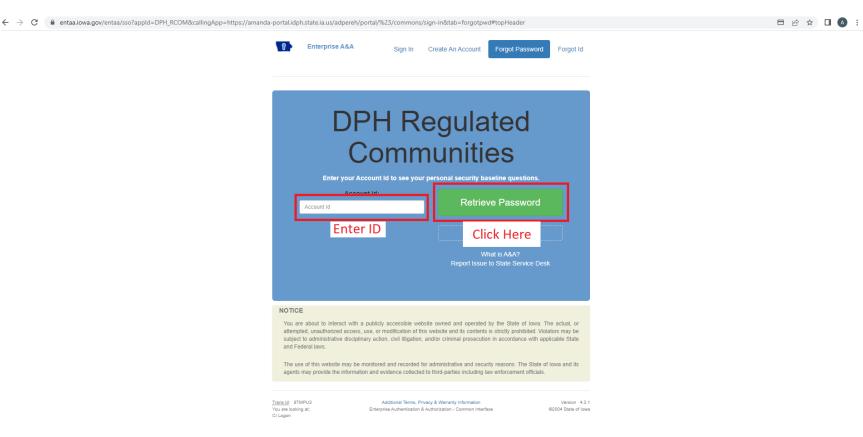


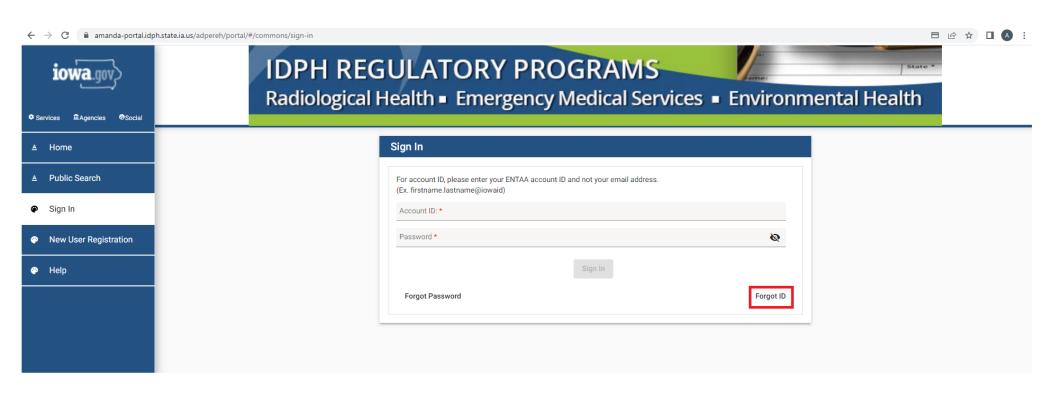
\* Account ID: Should be Firstname.Lastname@iowaid

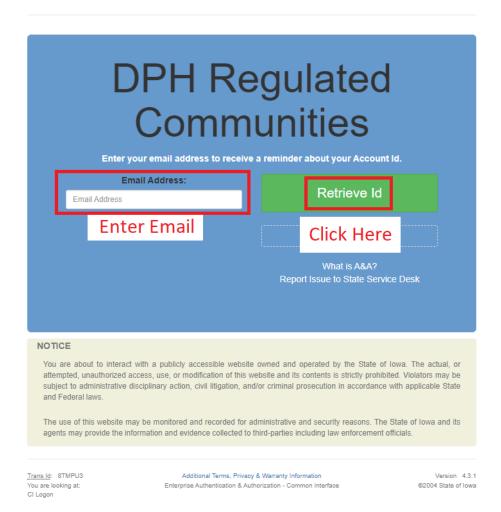
Note If you know your password go to slide #6



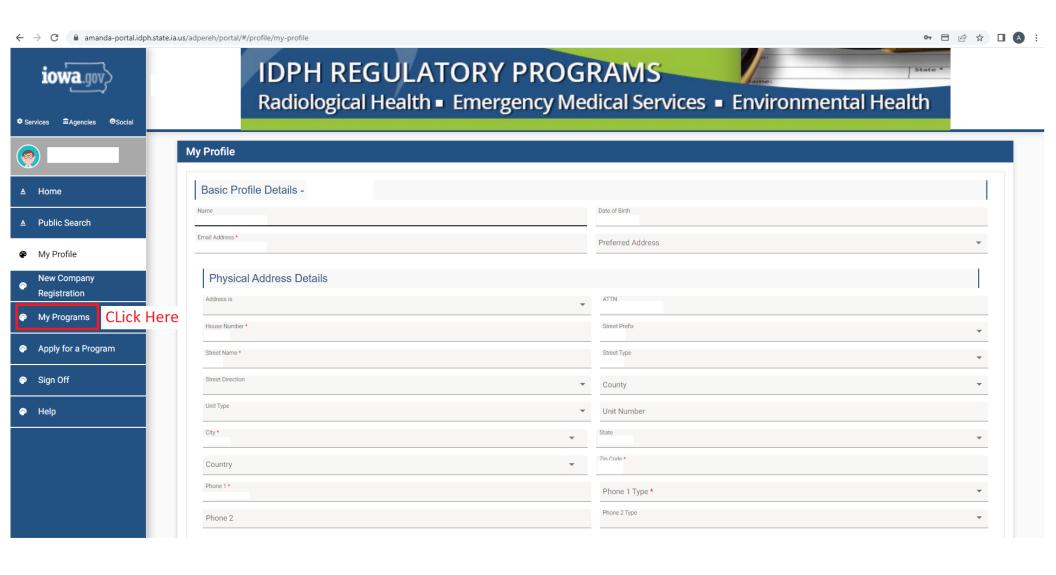


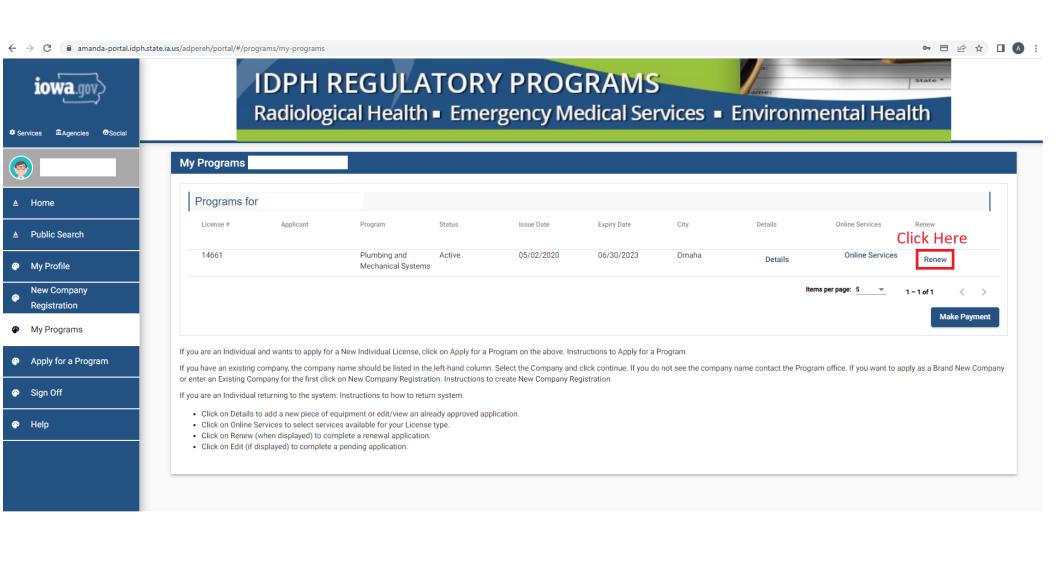
\* Note after you click enter you will have to answer 3 questions that you set the answers for. You have 3 attempts to answer them correctly, if you fail at these questions, you will be sent an email to reset your password.





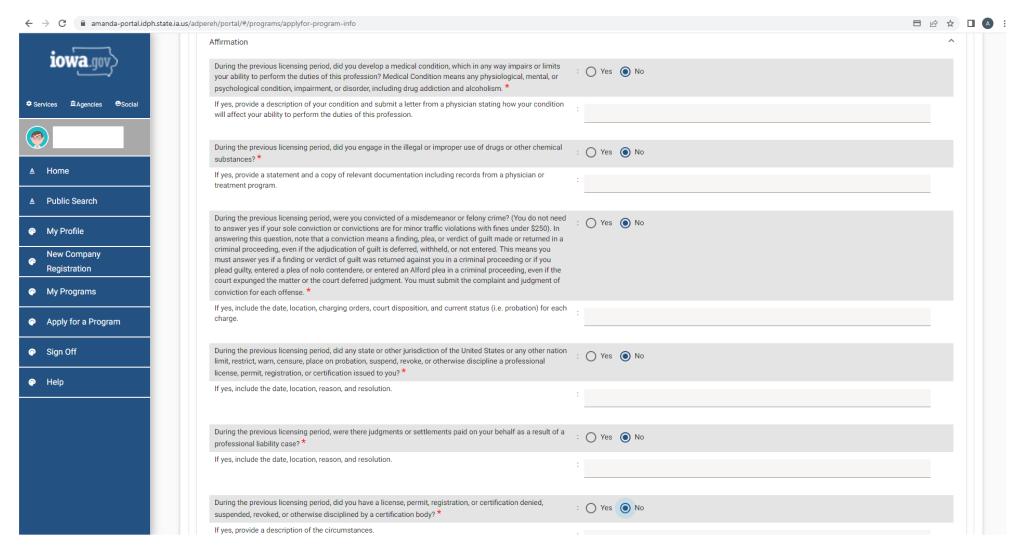
\*Note an email will be sent with your information



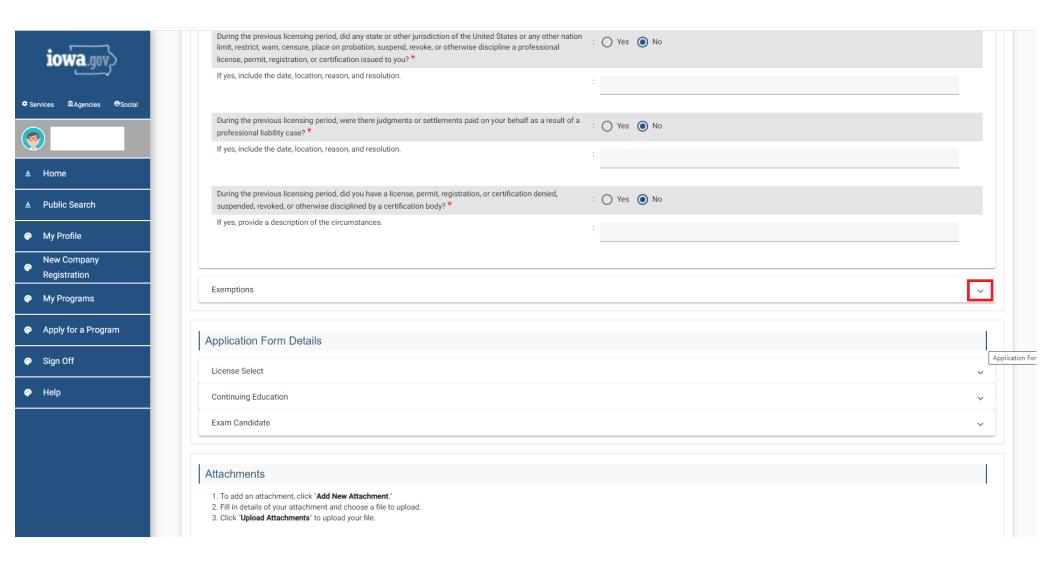


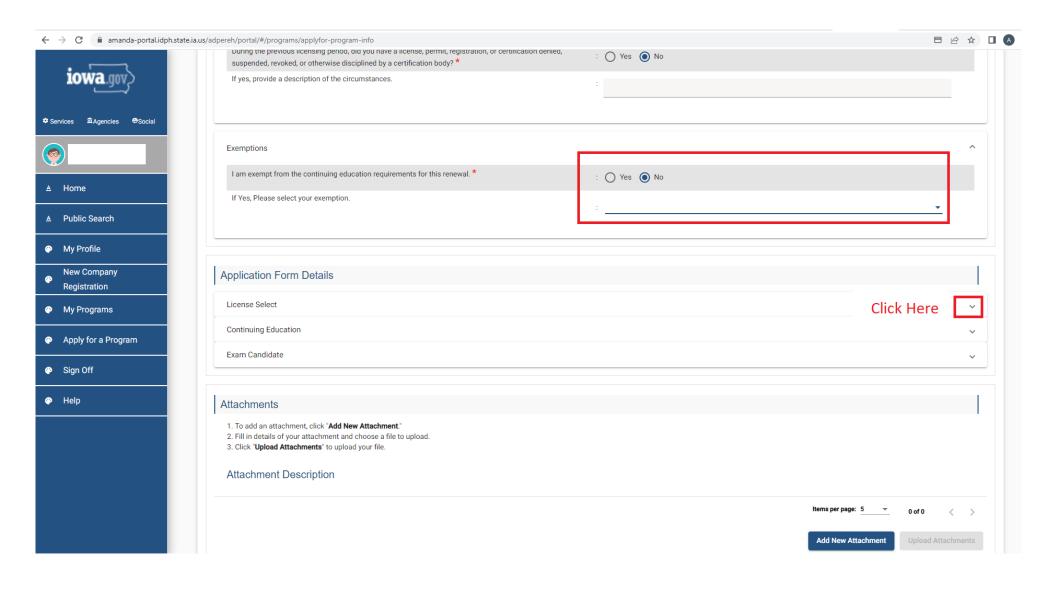


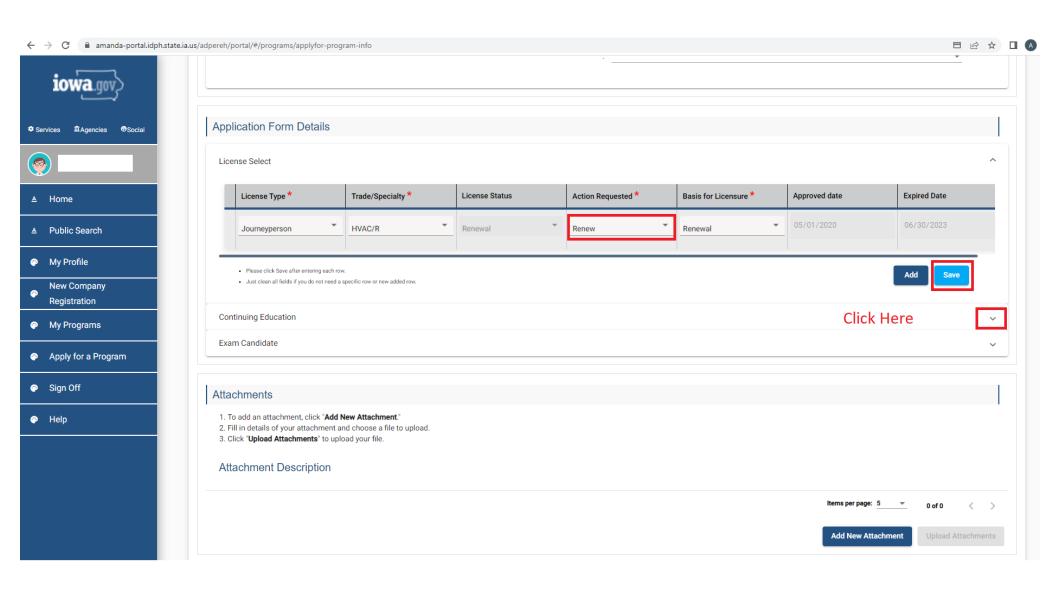
To add an attachment, click "Add New Attachment."
 Fill in details of your attachment and choose a file to upload.

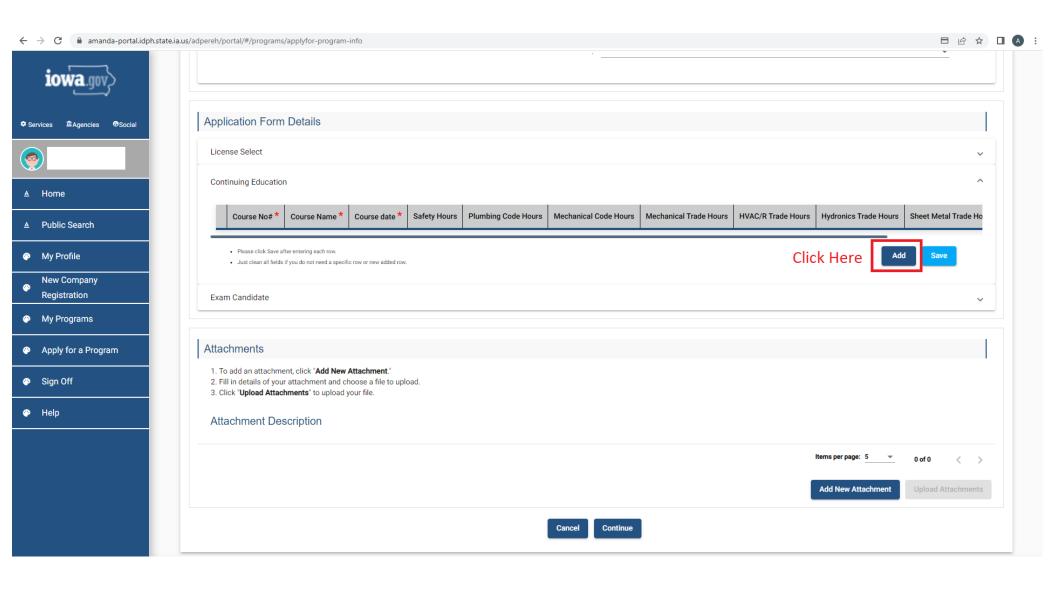


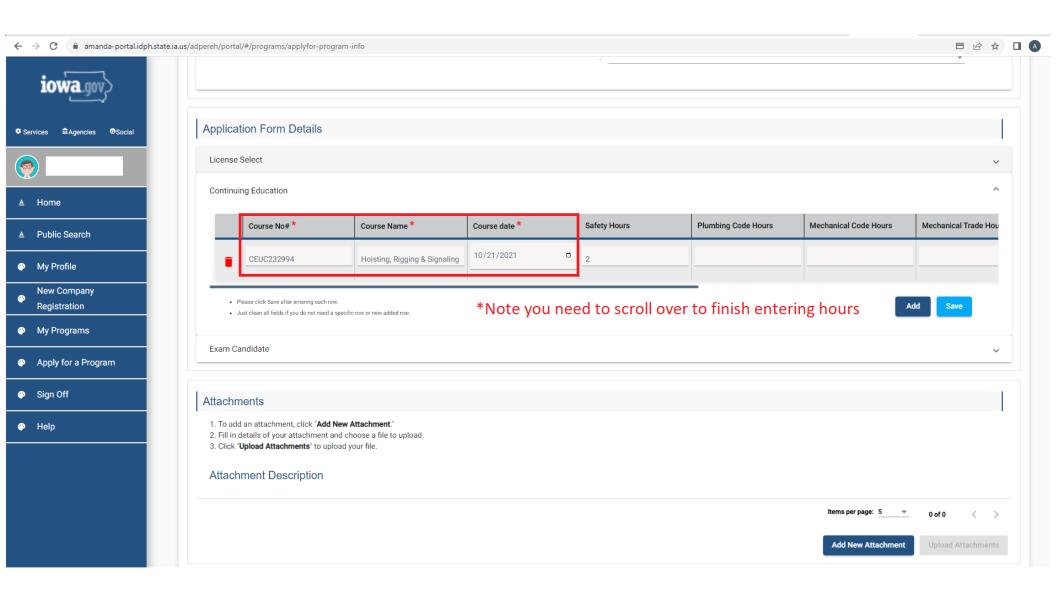
Answer all of these questions truthfully according to you

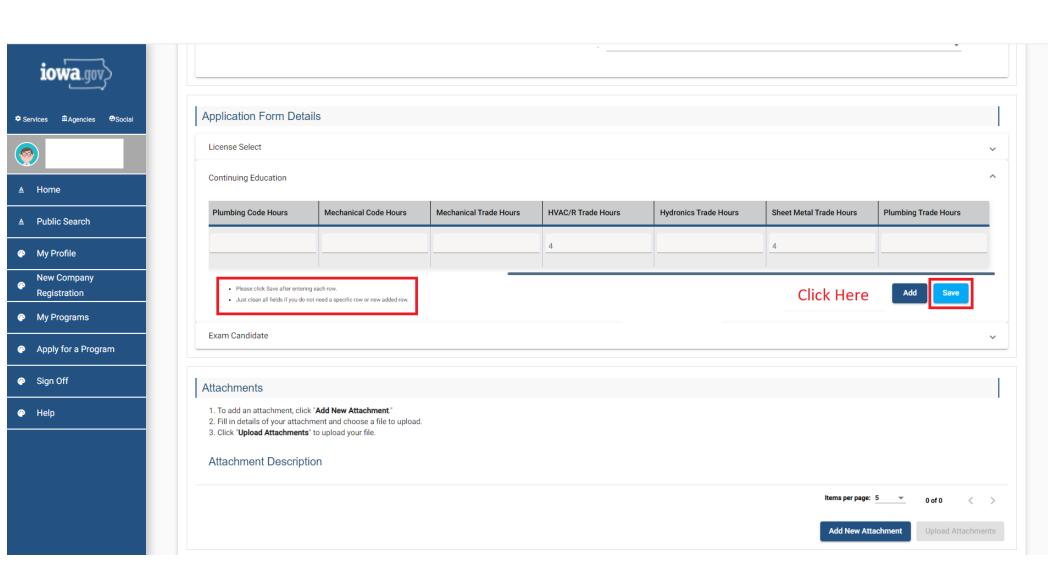


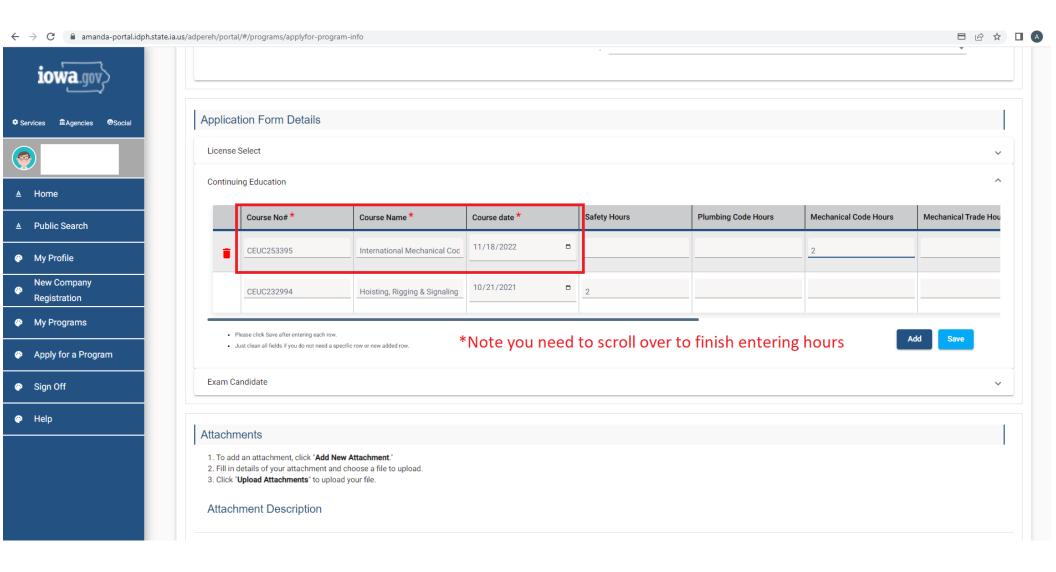


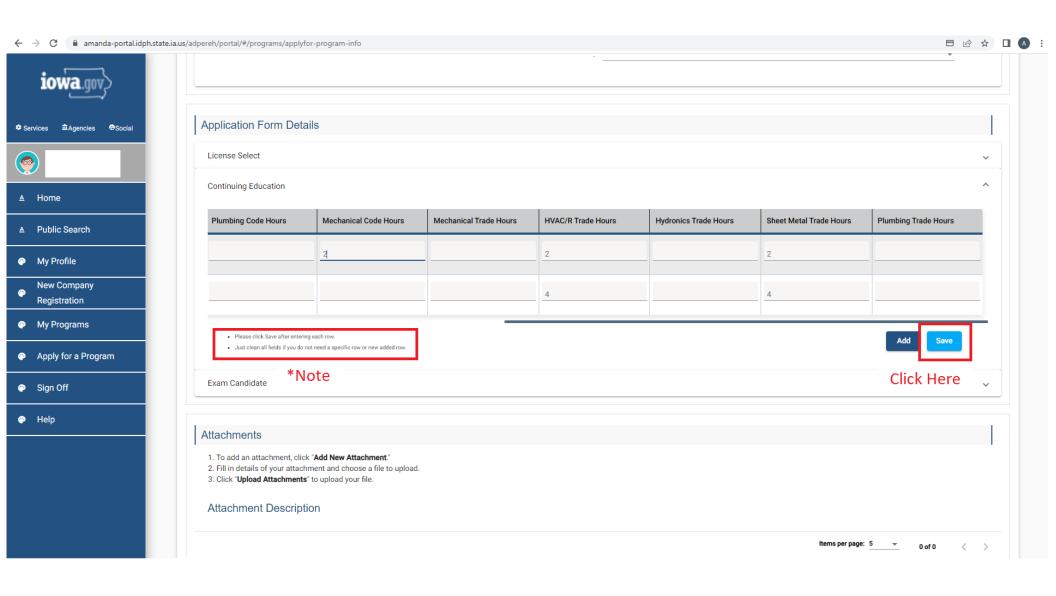


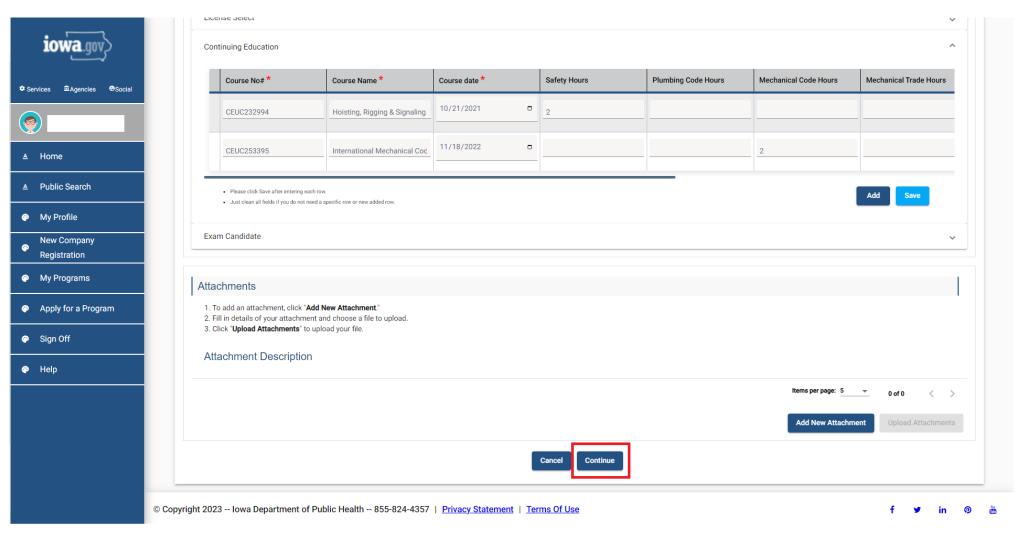




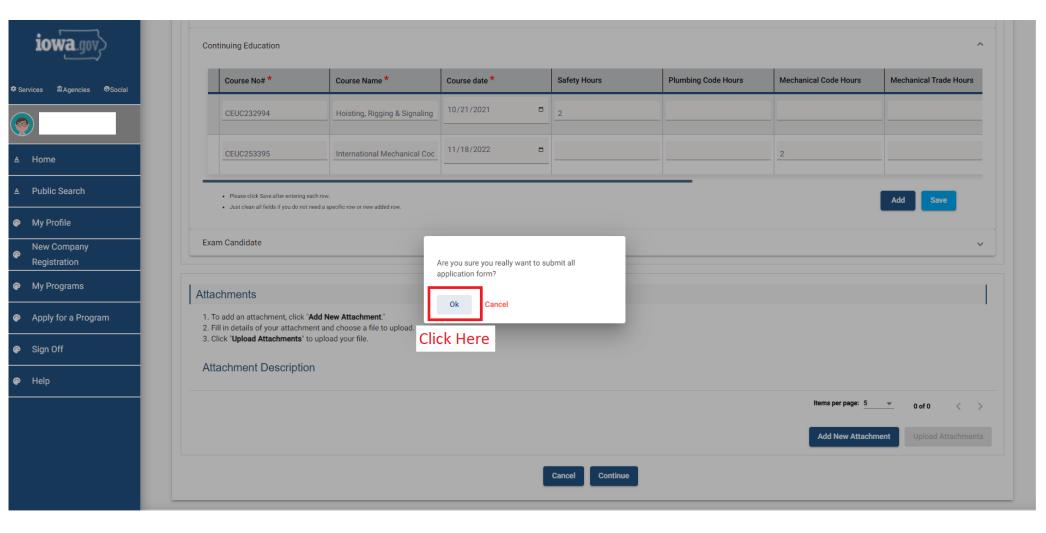




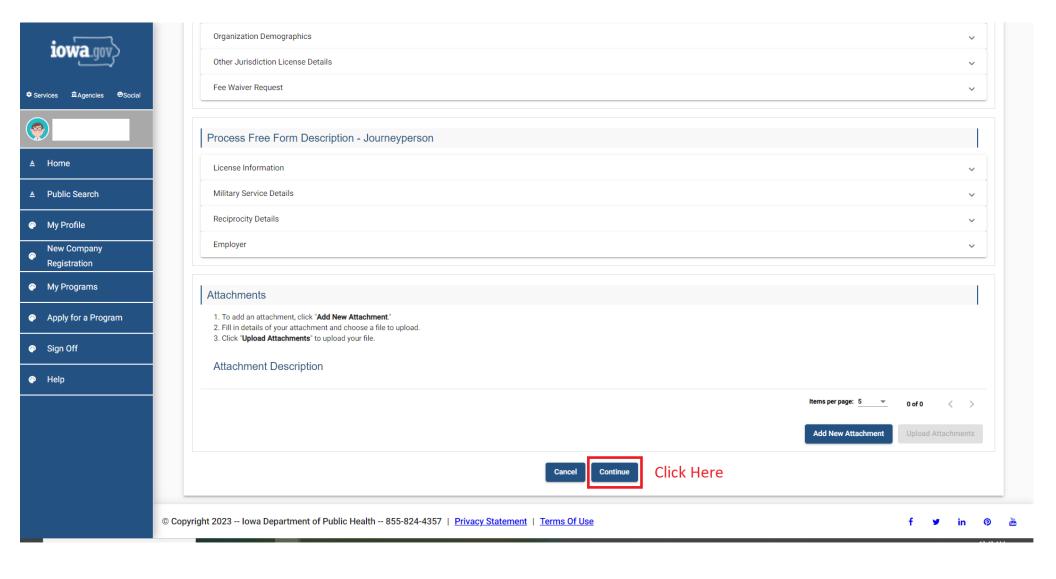


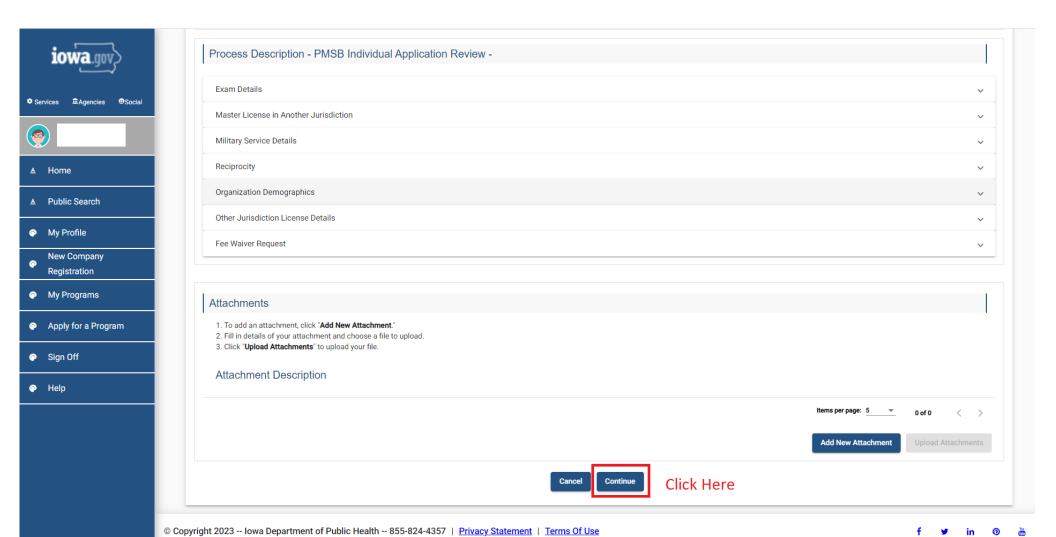


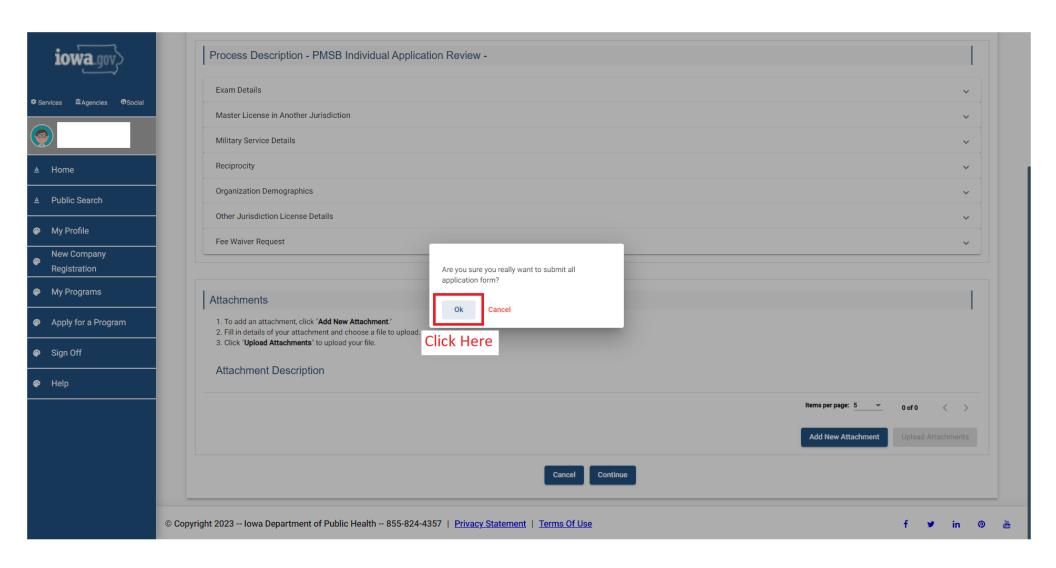
\*If the page stays the same you must log out and log back in



\*If the page stays the same you must log out and log back in















# IDPH REGULATORY PROGRAMS Environmental Health





- ▲ Home
- ▲ Public Search
- My Profile
- **New Company** Registration
- My Programs
- Apply for a Program
- Sign Off
- Help

### **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



Click Here

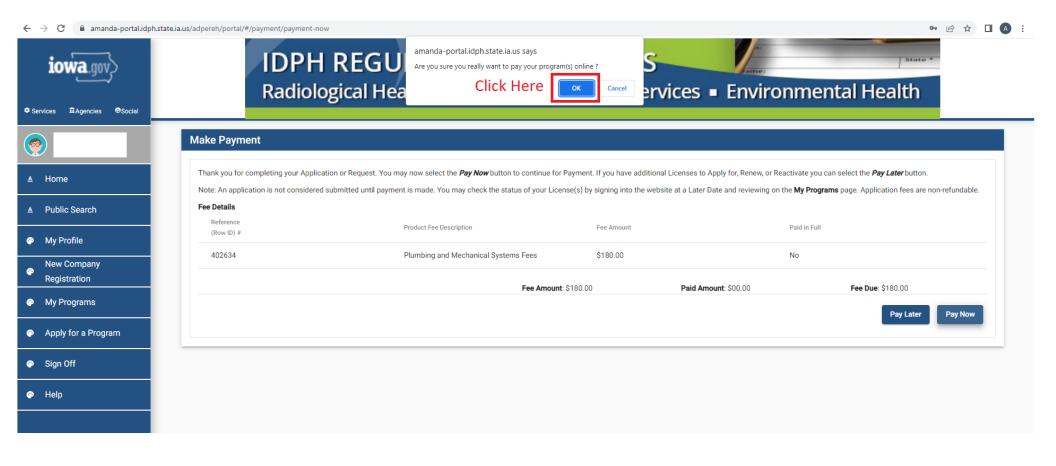


# IDPH REGULATORY PROGRAMS

Radiological Health • Emergency Medical Services • Environmental Health



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Thank you for completing your Application or Request. You may now select the <b>Pay Now</b> button to continue for Payment. If you have additional Licenses to Apply for, Renew, or Reactivate you can select the <b>Pay Later</b> button.						
Note: An application is not or	considered submitted until payment is made	de. Vou may check the state	us of your License(s) by signing in	to the website at a Later Date and reviewi	ng on the <b>My Program</b>	nage Application feet are non-refundable
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 <b>My Programs</b> page. Application fees are non-refundable.						
License Details						
Reference	Program	Program Detail	Status	Fee Description	Fee Amount	Paid in Full
(Row ID) #	. rogium	r rogram o ctan	otatoo	i de bedanpilon		
402634	Plumbing and Mechanical	Individual License	Renewal	PLMB Journey Renewal Fee	\$180.00	No
402034	Systems	Ilidividual License	Reliewal	FLIMB Southley Reflewal Fee	\$160.00	140
			Fee Amount: \$180.00	Paid Amount: \$00.00		Fee Due: \$180.00
						Pay Later Pay Now
					Payment Later Option	S ~



# **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 United States **Phone Number Email Address** Payment Method Payment Method Credit/Debit Card V **Card Number** Expiration Date | Month > Year > **Card Security Code** Card Billing Address Use my contact information address O Use a different address Continue Fill out and Click here bank. Customer Service Help Privacy Policy A Security



## **Electronic Payment Solutions**

# **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** 



Click here







# Confirmation

Please keep a record of your Confirmation Number, or <u>print this page</u> 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

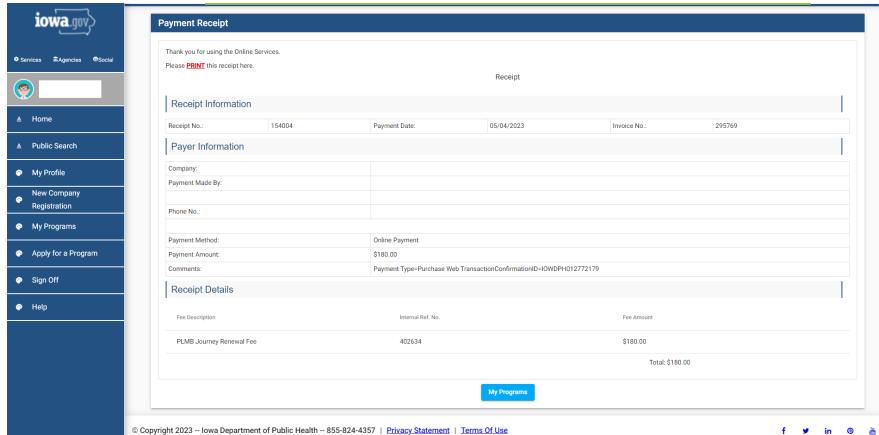
Zip/Postal Code

Country



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A comfirmation email will be sent to you forward it to <a href="local3@smartloc3.com">local3@smartloc3.com</a> for reimbursement