

# Contractor Registration Application/Renewal Form

## Iowa Division of Labor Services

1000 East Grand Avenue, Des Moines, Iowa 50319-0209  
 Telephone (515) 242-5871 or 1-800-562-4692, Ext. 25871  
 Fax (515) 725-2427  
 E-Mail: [contractor.registration@iwd.iowa.gov](mailto:contractor.registration@iwd.iowa.gov)

### For Office Use Only

Iowa Unemployment Account #: _____
Contractor Registration #: _____
Check #: _____

All "construction" contractors doing business in Iowa who make more than \$2,000 a year must be registered with the Iowa Division of Labor. "Construction" is defined very broadly to include not only typical "construction" work, but also companies or individuals who perform electrical, plumbing, roofing, or house painting work, as well as installation of landscaping, windows, cable, elevators, and many other activities. You must renew your registration **every year**. You may be eligible for a waiver of the **\$50 registration fee** as outlined on page 2. If a contractor does business under more than one name, each name must be individually registered. Out-of-state contractors must file a \$25,000 surety bond with the Iowa Division of Labor, at the time of registration and renewing. Visit [www.iowaworkforce.org/labor/contractor.htm](http://www.iowaworkforce.org/labor/contractor.htm) for bond information and to print a copy of the form.

## Contractor Registration Application/Renewal Form Instructions

*(all fields must be completed)*

To complete your application, you must submit these items to the above address:

- ✓ Signed and completed new application/renewal form (pages 1 and 2)
- ✓ **\$50 registration fee** (check or money order) payable to: Iowa Division of Labor
- ✓ Workers' compensation certificate of insurance listing the Iowa Division of Labor as a certificate holder (if applicable)

Once all required documents have been submitted, your application may take up to 30 days to process. **You are not registered until a contractor registration number is issued.** The Iowa Division of Labor will mail you a yellow contractor registration certificate once you are registered.

**Application Type:**                  New                  Renewal                  Contractor Registration number: \_\_\_\_\_

1. Type of organization (choose one):  
                  Individual ownership                  Corporation                  Partnership                  Other (i.e. LLC) \_\_\_\_\_
2. Federal ID # (FEIN): \_\_\_\_\_                  3. Current Iowa Unemployment number: \_\_\_\_\_
4. Corporate/LLC name: \_\_\_\_\_                  5. Business or DBA: \_\_\_\_\_

6. Mailing address		City	State	Zip code	County
Business address		City	State	Zip code	County
Business telephone#		Alternate telephone#	Fax#		
7. List names of Owner, Partners, Members or Corporate Officers		Social Security #	Resident address		

\*\*\*\*Continued on back – signature REQUIRED\*\*\*\*

Equal Opportunity Employer/Program  
 Auxiliary aids and services available upon request to individuals with disabilities.  
 For deaf and hard of hearing, use Relay 711.

Nature of business in Iowa (Must show both business activities & detailed description)

8. Primary business activity performed in Iowa

9. Physical location where work is performed in Iowa (include city and county)

10. Banking/Financial institution name: \_\_\_\_\_ checking      savings

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone number: \_\_\_\_\_

11. **Check one box and enclose required Workers' Compensation form**

Insured: Enclosed is a Workers' Compensation Insurance Certificate, listing the Iowa Division of Labor as a certificate holder

Self-insured: Enclosed is a copy of a Certificate of Relief issued by the Iowa Insurance Division

No employees/Workers' Compensation form not required

12. I certify that the information in this application is true and correct to the best of my knowledge. I further certify that the company listed on this form is in compliance with the workers' compensation laws of the State of Iowa.

Name of Person Completing Form (Print or Type): \_\_\_\_\_

Company Name: \_\_\_\_\_

E-mail address of Company or Individual (Print or Type): \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Notice Regarding Social Security Numbers

Iowa Code sections 252J.8, 261.126, and 272D.8 require records of contractor registrations issued to sole proprietors to be maintained by social security numbers. If you are a sole proprietor and you withhold your social security number, this application will be denied. Social security numbers may be shared with the Child Support Recovery Unit of the Iowa Department of Human Services, Iowa Student College Aid Commission and the Iowa Department of Revenue, for use in the collection of debts. If you are behind in payments, this or future applications may be denied. If you already have a contractor registration number, it may be suspended or revoked. Your social security number may also be shared with other governmental agencies.

### Fee Exemption Instructions

Fee Exemption forms may be obtained from our web site at [www.iowaworkforce.org/labor/contractor.htm](http://www.iowaworkforce.org/labor/contractor.htm). The fee exemption only applies to a self-employed contractor. Other legal entities do not qualify. If **all** of the following are true, you may qualify for an exemption of the **\$50 yearly** registration fee:

- I am a self-employed contractor.
- I do not pay more than \$2,000 per year to employ others (do not include yourself).
- I never perform construction work with or for other contractors working in the "same phase of construction" at the job site. (The "same phase of construction" is defined as the same type of work, such as masonry, stonework, electrical work or concrete work, etc.).
- If applicable, I have enclosed a list of all current employees and a list of all employees who have worked for me for the past 12 months and the amount paid to each employee.

The exemption form must be signed by the **contractor and be notarized, and must accompany the registration application.**

# Complete an Unemployment Insurance “Report to Determine Liability” online

Contractors are required to complete an Unemployment Insurance (UI) online “Report to Determine Liability” at the following website address: <http://www.myiowauui.org>.

The report will allow Iowa Workforce Development UI tax staff to determine if you:

- Need an UI account
- Need to pay UI taxes

You may be contacted by an UI Field Auditor to verify information submitted electronically. If you need a UI account, you will get a "UI Account Number" in addition to a "Contractor Registration Number".

If you have questions about filling out the report, you may contact UI staff at the following phone numbers:

- (888) 848-7442; option 3, option 7.
- Local Iowa Workforce Development Office and ask to speak to a Field Auditor (auditors are available at):

Burlington	(319) 753-1671, Ext. 31409
Cedar Rapids	(319) 365-9474, Ext. 31108 or 31125
Council Bluffs	(712) 242-2120
Davenport	(563) 445-3250 or (563) 445-3252
Des Moines	(888) 848-7442
Dubuque	(563) 556-5800, Ext. 125 or 126
Fort Dodge	(515) 576-0741, Ext. 4 or 5
Iowa City	(319) 351-4268, Ext. 1 or 2
Marshalltown	(641) 844-6993
Mason City	(641) 422-1520
Ottumwa	(641) 684-6213 or (614) 684-5973
Spencer	(712) 262-1971, Ext. 129
Sioux City	(712) 233-9032 or (712) 233-9046
Waterloo	(319) 235-2123, Ext. 321