

This application must be filled out completely and in detail and must be on file with the Secretary of Contractor's Licensing Board. Applications may be submitted in-person or by mail to the Development and Neighborhood Services Department, ATTN: Building Division, 1200 E 46th Street, Davenport, IA 52807.



Applications with insufficient information to substantiate licensing and qualifications will be returned to the applicant. No further action will be taken by this office until a complete application is resubmitted.

1. Applicant Instructions and Application Type (Select One)

Use this form to apply for a Contractor's License with the City of Davenport. This application is to be used for Building, Electrical, Mechanical and Plumbing Licenses. Licensing and qualification details for all contractors in the City of Davenport can be found on the [city's website](#). Questions? Call 563.326.7745.

Circle and submit application using one of the following formats (A or B).

- A. Resume Submitted as Attachment. Complete Section 2 and 7. Attach applicant resume that details licensing, employment record, and education. Complete Section 6, as needed. If you are applying for a City of Davenport Electrical, Mechanical or Plumbing License and are Licensed by the State of Iowa, include a copy of your current State of Iowa License with this application. You must first be licensed by the State of Iowa before applying for an Electrical, Mechanical or Plumbing License with the City of Davenport.
- B. Education, licensing, and employment documented using this application. Complete Section 2 through 7. Attach additional page(s), including applicable documents in Section 3, as needed to support application.

2. Applicant Information

License Applied For					
Full Name					
Address				Phone #	
City		State		Zip Code	
Social Security #			E-mail		

3. Licensing Details, As Applicable

If you are applying for a City of Davenport Electrical, Mechanical or Plumbing License and are Licensed by the State of Iowa, include a copy of your current State of Iowa License with this application. You must first be licensed by the State of Iowa before applying for an Electrical, Mechanical or Plumbing License with the City of Davenport.

Have you ever carried this type of license before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Where? (City and State)			
Term of License		In force from, _____ to _____	
Was the license by examination?		Name of testing company (if applicable)	
Have you ever had a license of this type revoked?		If Yes, by whom?	
If Yes, Why?			
Have you previously applied for this license?		If Yes, was it approved?	

4. Employment Record (Attach Additional Sheets if Necessary)

Employer					
Address				Phone #	
City		State		Zip Code	
Employed From			Employed To		
Position			Supervisor		
Employer					
Address				Phone #	
City		State		Zip Code	
Employed From			Employed To		
Position			Supervisor		

5. Education

High School					
Address				Phone #	
City		State		Zip Code	
College or University					
Address				Phone #	
City		State		Zip Code	
Trade School or Apprenticeship					
Address				Phone #	
City		State		Zip Code	
Did you graduate from this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Year Graduated		

State any other courses of study completed in the trade area you are applying for a license, if any. Include name and address of institution.

6. Additional Information?

Use this area for additional information you would like to share in support of this application for license.

6. Continued**7. Applicant Application Statement**

I hereby state that the statements provided are true and correct to the best of my knowledge and that I have read and understand the testing procedures, test schedules and submission requirements. I understand that this application will be reviewed by the Code Board of Appeals and Review for qualifications as prescribed by City Ordinance for licensing. I understand that approval of this application for licensing shall be subject to a minimum passing score of 70% for the Building Exam or proof of State Licensing for Electrical, Plumbing and Mechanical as applicable to the type of license sought.

Applicant Signature		Date	
For Office Use Only			
Type of License Applied For		Reviewed By	
Building Exam Score or Indicate Proof of State Licensing Provided (indicate type) with Application			
License is <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Date	