

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](#).

This application must be filled out completely and in detail, and must be on file with the Secretary of Contractor's Licensing Board. All applications may be submitted in-person or by mail to the Building Division, Davenport Public Works, 1200 E 46th Street, Davenport, IA 52807.

Questions call 563.326.7745.

Applicant Information

License Applied For					
Full Name					
Address				Phone #	
City		State		Zip Code	
Social Security #			E-mail (not required)		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, by whom?			
If Yes, Why?					
Have you previously applied for this license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, was it approved?			

Employment Record (Attach Additional Sheets if Necessary)

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

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.

Additional Information?

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

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	
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For Office Use Only

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