

**Iowa Division of Labor  
Employment Agency Licensing**

150 Des Moines Street

Des Moines, IA 50309-1836

Phone: 515-725-5615 | Fax: 515-281-7995

[EAL@iwd.iowa.gov](mailto:EAL@iwd.iowa.gov) | [www.iowadivisionoflabor.gov](http://www.iowadivisionoflabor.gov)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Approve by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**Employment Agency License Application Form PEA-1**

To obtain an Employment Agency License for the current licensing year, the items listed below must be submitted to the Iowa Division of Labor:

1. Completed Application (Form PEA-1).
2. Two signed and dated copies of the Schedule of Fees (PEA-2).
3. Surety bond in the amount of \$30,000.00 executed on the Employment Agency Bond Form (PEA-3).
4. Copy of all contracts to be signed by an employee in compliance with 875 IAC – 38.6 and 38.8. State law requires an agency use a written contract.
5. \$75.00 non-refundable licensing fee by check or money order payable to "Iowa Division of Labor".

|  |              |               |     |
|--|--------------|---------------|-----|
| <b>Check one, provide information</b>  |              |               |     |
| Corporation (provide corporate name): _____  |              |               |     |
| Partnership (provide partnership name): _____  |              |               |     |
| Sole Proprietorship (provide owner's name and SSN): _____  |              |               |     |
| Agency name  | Phone number | County        |     |
| Contact name   | Phone number | Email address |     |
| Address  | City         | State         | Zip |
| If Corporation or Partnership is checked above, provide names of officers or partners:<br><br><br><br><br> |              |               |     |

**I certify that the information on this form and the attachments is true and accurate to the best of my knowledge. I am requesting a license for the period ending June 30, \_\_\_\_\_.**

\_\_\_\_\_  
**Printed name of individual completing form**

\_\_\_\_\_  
**Job title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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

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## Schedule of Fees Form PEA-2

|                          |      |       |     |
|--------------------------|------|-------|-----|
| Operating name of agency |      |       |     |
| Address                  | City | State | Zip |

The following is true and a correct schedule of fees to be charged to the applicant and collected in the operation of the employment agency:

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Signature(s) of licensee/applicant

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Job title

Date signed

**This schedule must be prominently posted at the place of business**

All contracts and fee schedules must clearly state that the agency is licensed by the Labor Commissioner and inquires may be made via mail to the Iowa Division of Labor, 150 Des Moines Street, Des Moines, IA, 50309, or by telephone to 515-725-5615.

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## Employment Agency Bond Form PEA-3

Bond #: \_\_\_\_\_

**WHEREAS** Iowa Code Chapter 94A requires that in most cases a person who for a fee brings together people desiring to employ and people desiring employment and who receives a fee, privilege, or other consideration directly or indirectly from an employee for the service is considered an employment agency.

**WHEREAS** Iowa Code Chapter 94A requires that an employment agency shall file with the Labor Commissioner a surety bond in the sum of \$30,000.00 conditioned to pay any damages that may accrue to any person due to a wrongful act or violation of law on the part of the employment agency.

**THEREFORE**, the Principal \_\_\_\_\_, doing business at  
Employment agency name

\_\_\_\_\_, Iowa  
Address City

and \_\_\_\_\_  
Surety

are held and firmly bound unto the people of the State of Iowa in the penal sum of \$30,000.00, for which payment we firmly bind ourselves, our heirs, our executors, our successors, our assigns, and our administrators, jointly and severally. If the Principal complies with all the provisions of Iowa Code Chapter 94A and the administrative rules adopted under its authority, and pays all damages caused by wrongful acts or omissions by the Principal, its agents, or its employees while acting within the scope of their employment, then this obligation is to be void. Otherwise, it is to remain in full force and effect until cancelled.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal's signature

Surety's signature