



Montana State Electrical Board

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0513

Phone: 406-444-5711

Email: dlibsdhel@mt.gov Website: www.electrician.mt.gov

Licensing Requirements and Application Checklist Residential Electrician

See page 3 for reciprocity/endorsement requirements.

License Requirements for Residential Electrician License by Examination:

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. Education Requirements: Completion of an approved residential apprenticeship program in the electrical trade or completion of an appropriate training program conducted by a bona fide union or trade association. [[37-68-305, MCA](#)]

Or;

2. Experience Requirements: Apply by one of the following on a form prescribed by the board:

- a. A third party verification of (4,000) hours of legally obtained practical experience** in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power in residential construction consisting of less than five living units in a single structure. [[37-68-305, MCA](#)]
Or;
- b. Worked in the electrical maintenance field for at least (20,000) hours, accompanied by written certification by the applicant's employer** that the applicant has attained at least (20,000) hours in the electrical maintenance field while working for the employer. A minimum of (8,000) of these hours must be practical experience. [[37-68-305, MCA](#)]

3. Temporary Practice Permits: [[ARM 24.141.502](#)]

- A temporary practice permit may be issued to an applicant upon completion of an application, submission of verification of experience, payment of the appropriate fees, and approval by the board or designated board representative. An applicant for a master electrician license may be issued a journeyman temporary practice permit.
- An active temporary practice permit allows an applicant to perform work while employed by a licensed electrical contractor.
- A temporary practice permit issued to an applicant for an electrician license shall expire 60 days from the date of issuance or upon receipt of licensure examination results.
- A temporary practice permit does not allow an individual to act as a responsible electrician for a licensed electrical contractor.
- Applicants who fail an exam with a score of 69 percent or less are not eligible for a temporary practice permit.
- Subsequent temporary practice permits may be issued at the discretion of the board.



Checklist of Required Documents to Submit for Application for Residential Electrician by Examination:

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type;
- Residential experience verification form providing **4000 hours** of legally obtained experience or
- Copy of **Apprenticeship Completion Certificate** showing the trade that was completed or
- Copy of written certification that the applicant has attained **20,000 hours** in the maintenance field by applicant's employer. A minimum of **8,000** of these hours must be practical experience.

Application Fee(s) for Residential Electrician by Examination:

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$240 application fee
- \$50 Temporary work permit for exam candidates (fee is in addition to application fee)



License Requirements for Residential Electrician By Reciprocity or Endorsement:

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. RECIPROCAL STATES: AK, AR, CO, IA, ID, ME, MN, ND, NE, NH, NM, OK, SD, TX, WI, WY
(Board staff will obtain a license verification from these states.)

Conditions of reciprocity are that your license is currently active, in good standing, and the license has been held for 1 year from a reciprocal exam State listed above. (You will **not** need to submit the Experience Verification Affidavit form with the application) [[ARM 24.141.504](#), [37-1-304, MCA](#)]

Or;

2. ENDORSEMENT STATES: AL, CA, CT, District of Columbia, DE, FL, HI, KY, MA, MI, NJ, OR, RI, UT, VA, VT, WA, WV

(You, the applicant will be responsible for obtaining a license verification from these states.)

Include the verification with your application. Conditions of endorsing are that your license is currently active, held at least one year, obtained by state exam with an exam score of 75% or greater and do not have any active complaints against your license. (You will **not** need to submit the Experience Verification Affidavit form with your application.) [[ARM 24.141.504](#), [37-1-304, MCA](#)]

Checklist of Required Documents to Submit for Application for Residential Electrician by Reciprocity or Endorsement:

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type;
- Endorsement State Verification requested by applicant if applying by endorsement
- Note: State license verifications will be verified by department staff for those applying by reciprocity. You do not need to submit a license verification from the reciprocity states.**

Application Fee(s) for Residential Electrician by Reciprocity or Endorsement:

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$250 application fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

MONTANA STATE ELECTRICAL BOARD

301 SOUTH PARK, 4TH FLOOR - Delivery

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(406) 444-6880

E-MAIL: dlibsdhel@mt.gov

WEBSITE: www.electrician.mt.gov

RESIDENTIAL ELECTRICIAN

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- “Residential or Journeyman Electricians” are not permitted to practice in Montana in any manner without an active Montana Residential or Journeyman License or a temporary work permit.
- Please review the Montana laws and rules regarding the practice of “Electrician” in Montana.

LICENSE REQUIREMENTS: RESIDENTIAL

NOTE: An applicant must have either education "A" or experience "B" to apply for a license.

A. Education Requirements: Completion of an approved residential apprenticeship program in the electrical trade or completion of an appropriate training program conducted by a bona fide union or trade association. (Per 37-68-305, MCA)

B. Experience Requirements: Please apply by one of the following on a form prescribed by the board or as noted on this application:

1. **A third party verification of (4,000) hours of legally obtained practical experience** in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power in residential construction consisting of less than five living units in a single structure. (Per 37-68-305, MCA)

2. Worked in the electrical maintenance field for at least (20,000) hours, **accompanied by written certification by the applicant’s employer** that the applicant has attained at least (20,000) hours in the electrical maintenance field while working for the employer. A minimum of (8,000) of these hours must be practical experience. (Per 37-68-305, MCA)

C. Examination Information:

Applications for examination must be approved by the State Electrical Board. Currently, exams are currently based off the 2020 NEC.

FEES

“Residential Electrician” Application Fee by Examination: \$240.00

“Residential Electrician” Application by Reciprocity or Endorsement: \$250.00

Temporary residential work permit for exam candidates (fee in addition to application fee): \$50.00

Make check or money order payable to the State Electrical Board

REQUIRED DOCUMENTS

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application. NOTE: Any document that is not in English must be accompanied by certified translations.

- A. Residential Experience Verification (page 8)
- B. Verification Of Licensure (page 9) and / or
- C. Copy of Apprenticeship Completion Certificate

APPLICATION PROCEDURES

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- A routine application may take up to 30 days to process once it is complete.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Once a routine application is processed and approved a permanent license will be issued.

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Residential Electrician Application

Please check only one per section (see instructions for details) Experience:

Apprenticeship Completion

Hours of Experience

Maintenance Experience

Type:

Exam

Reciprocity

Endorsement

Fees:

\$240.00 Application by exam OR \$250.00 Application by reciprocity or Endorsement

\$50.00 Temporary work permit for exam candidates (fee is in addition to application fee)

Payment:

check or money order (do not send cash)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home MALE FEMALE

7. E-MAIL _____

8. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Cell

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____

ADDITIONAL QUESTIONS:

11. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? Yes No

Type of Exam: _____

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov Yes No

12. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory. (See page 9 of this application)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

13. RECIPROCAL STATES: AK, AR, CO, IA, ID, ME, MN, ND, NE, NH, NM, OK, SD, TX, WI, WY

(Board staff will obtain a license verification from these states.) Conditions of reciprocity are that your license is currently active, in good standing, and the license has been held for 1 year from a reciprocal exam State listed above. (You will **not** need to submit the Experience Verification Affidavit form with your application)

14. ENDORSEMENT STATES: AL, CA, CT, District of Columbia, DE, FL, HI, KY, MA, MI, NJ, OR, RI, UT, VA, VT, WA, WV

(You will be responsible for obtaining a license verification from these states.) Include the verification with your application. Conditions of endorsement are that your license is currently active, held at least one year, obtained by state exam with and exam score of 75% or greater and do not have any active complaints against your license. (You will **not** need to submit the Experience Verification Affidavit form with your application.)

15. APPRENTICESHIP INFORMATION:

- a. Did you complete an apprenticeship? (Per 37-68-305, MCA)
If yes, attach apprenticeship completion certificate. (You will **not** need to submit the Experience Verification Affidavit form with your application.) Yes No

- b. Did you complete a union sponsored apprenticeship
If yes, attach union travel letter stating when you completed the apprenticeship. (Per 37-68-305, MCA.) (You will **not** need to submit the Experience Verification Affidavit form with your application.) Yes No

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS:

16. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
17. Have you ever surrendered a credential like those listed in number 16, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
18. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
19. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?	Yes	No
20. Have you ever withdrawn an application for any professional license?	Yes	No
21. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?	Yes	No
22. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)	Yes	No
"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.		
23. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
24. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?	Yes	No
The following information is provided for Question 25 below: A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.		
25. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended in any state, federal, tribal, or foreign jurisdiction? You are not required to report arrests that did not result in the above outcomes. You are not required to report convictions you received when you were under 18, unless you were treated as an adult when convicted. You are not required to report misdemeanor driving violations, including driving under the influence, if you were sentenced more than five years before the submission date of this application:	Yes	No
26. Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
27. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
28. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No
29. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes	No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the State Electrical Board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date

MONTANA STATE ELECTRICAL BOARD
P. O. Box 200513
(301 S. PARK AVE, 4TH FLOOR – Delivery)
Helena, Montana 59620-0513
(406) 444-6880

RESIDENTIAL EXPERIENCE VERIFICATION AFFIDAVIT

Note: If you completed an approved DLI apprenticeship or training program submit the completion certificate and leave this form blank unless requested by our office. If you cannot submit a copy of the completion certificate, you will need to complete this form.

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address or emailed to dlibsdhelp@mt.gov before application will be considered complete. Please also upload the form to your application on your account. All fields must be completed. ****This form requires third party verification, that may include, but not limited to: Corporate Officers, Registered agents for the business, Owners of the business.**

1. Applicant info:

Name of applicant: _____
Last First Mi

Applicant full address: _____

2. Electrical business info:

Name of Electrical Contracting Business who employed the above applicant:

Please print name of firm, partnership, or corporation

Employer full address: _____

Phone Number of Contractor: _____

3. What type of electrical license did the applicant hold while earning hours: _____

4. Applicant dates of employment as a licensed electrician: from _____ to _____

5. Breakdown of legally obtained hours of practical experience:

(Must comply with [MCA 37-68-305](#) and [ARM 24.141.501](#)) (www.electrician.mt.gov for the Laws and Rules)

List the State(s) the hours were obtained: _____

Residential Hours: _____

6. Was the applicant in a registered apprenticeship program while under your employment? Yes No

7. Union records are not acceptable verification of hours. Hours must be verified by an employer.

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

Employer Name (Print)
(Note: Applicant cannot verify their own hours)

Signature of Employer

Date

VERIFICATION OF LICENSURE

THIS IS NOT A CREDENTIAL CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ELECTRICIAN. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as an ELECTRICIAN in the State of Montana. The STATE ELECTRICAL BOARD requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **STATE ELECTRICAL BOARD, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____ License Type: _____
Apprentice / Residential / Journeyman / Master / Contractor

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE ELECTRICAL BOARD

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Obtained by examination: Yes No Examination score: _____(Montana requires 75% or greater)

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____



Montana Department of
LABOR & INDUSTRY
Business Standards Division

SOCIAL SECURITY NUMBER

Applicants for professional licenses must provide a U.S. Social Security Number (SSN), if they have one, to facilitate child support enforcement, see, 42 USC § 666(a)(13) and § 37-1-307, Mont. Code Ann. The Division is also required to use an SSN to report certain license types to the National Health Care Databank, see, 42 USC § 1320a – 7e and 45 CFR § 60.15. An SSN is not required to receive or renew a license. An applicant for initial application who does not have an SSN must complete the following:

ATTESTATION

I, _____ am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

I have not been assigned a Social Security Number and am not required to have a Social Security Number. If assigned an SSN after the date of this affidavit, I will immediately report it to the Department of Labor & Industry or its successor administrator.

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

Signature

Date

Applicant Address of Record

City

State/Province

Country

Postal Code



Montana Department of LABOR & INDUSTRY Business Standards Division

CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 restricts professional license eligibility to individuals who qualify based on their citizenship, alien, or immigration status recognized by federal law. See generally, 8 USC § 1621. The Department of Labor & Industry requires all applicants for initial licensure to attest to the following questions under penalty of perjury:

ATTESTATION

I _____, am applying for a Printed, Full Name of Applicant or Licensee

Montana license as a _____.

- 1. Are you a United States Citizen? YES NO
2. If you answered NO to question 1 above, are you (please check one of the following):
A "qualified alien" as defined in 8 USC § 1641. See, 8 USC §1621a (1).
A nonimmigrant under the Immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a (2).
A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A).
A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C).
Other - Please provide detailed explanation: _____

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

Signature Date

Applicant Address of Record

City State/Province Country Postal Code