

Montana Fire Protection Licensure Program

301 S Park Avenue

PO Box 200513

Helena, MT 59620-0513

Phone: (406) 444-6880 Fax: (406) 841-2305

Email: dlibsdhel@mt.gov

Website: <http://www.fireprotectionlicense.mt.gov/>

Requirements for Business Entity Licensure

In accordance with Section 50-39-101, MCA, a person or entity shall obtain a license before engaging in the business of servicing fire extinguishers or before engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems, or fire extinguishing systems.

A. Proof of Insurance:

The Department shall issue a license to an entity who:

Submits verification of liability insurance with limits stated in MCA 50-39-102(a)(b)

(1) Prior to issuance of a license, and annually thereafter, the entity shall obtain, maintain in full force and file with the department a full term commercial general liability insurance policy from an insurance company authorized to do business in the state of Montana and except as provided in (5), submit verification of workers' compensation insurance.

(2) An entity engaging in the business of servicing fire extinguishers shall submit a copy of commercial general liability insurance with a minimum limit per occurrence of \$500,000 that includes premises/operations and products/ completed operations coverage.

(3) An entity engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems or fire extinguisher systems shall submit a copy of commercial general liability insurance with a minimum limit per occurrence of \$1,000,000 that includes premises/ operations and products/completed operations coverage.

(4) Failure to maintain liability insurance required under this chapter constitutes grounds for denial, suspension or revocation of a license.

(5) Sole proprietors or working members of a partnership who are on file with the department of labor and industry as independent contractors, with no employees, need not submit workers' compensation but shall submit independent contractor exemption verification to the department.

B. Application Fees:

\$200 license application fee.

C. Renewal Period:

The license will need to be renewed annually on or before May 31st.

D. Renewal Fee:

The renewal fee is \$200.00

The late fee for licenses that are renewed after May 31st is \$200.00

E. Other Licensing Requirements:

The business entity **must** have an individual staff member that holds a valid applicable individual fire protection endorsement to represent the type of work the business is engaged in.

An Individual Endorsement Application must be submitted in addition to the Business Entity License Application if you are attempting to license both at the same time.

An Individual Endorsement License is not required for Portable Fire Extinguishers.

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Application for Business Entity License

License Application Fees: \$200.00

Type of Entity license applying for (check all that apply):

- Service fire extinguishers
- Sell, service or install fire alarm systems
- Sell, service or install special agent fire suppression systems
- Sell, service or install fire-extinguishing systems

Federal Identification Number _____

Legal Name of Business Entity _____

All trade names or business names used by the business: _____

Please indicate your preferred mailing address

- Home
- Business

Type of business entity:

- Sole Proprietorship
- Limited Partnership
- Corporate distribution centers for a multi-unit corporation

Business Owner Information

Name _____

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Email Address _____

Business Information

Business Name _____

Phone _____

Fax _____

Address _____

City, State _____

Zip Code _____

E-mail Address _____

Indicate below which insurance is included with the application, and that workers comp or independent contractor exemption is included:

- Service Fire Extinguishers (commercial general liability with a minimum limit per occurrence of \$500,000 that includes premises/operation and products/completed operations coverage)
- Sell, service, or install fire alarm systems, special agent fire suppression systems or fire extinguishing systems (commercial general liability insurance with a minimum limit per occurrence of \$1,000,000 that includes premises/operations and products/completed operations coverage)
- Verification of workers' compensation. (Sole proprietors or working members of a partnership, with no employees, need not submit workers' compensation, but shall submit a copy of independent contractor exemption verification.)

***** List Name and license number of Licensed Individual Endorsee staffed by the business:

Name & License #: _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. 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.
2. 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.
3. 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

(Circle Yes or No)

- | | | |
|---|-----|----|
| 1. 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 |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | YES | NO |
| 4. 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 |
| 5. Have you ever withdrawn an application for any professional license? | YES | NO |
| 6. 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 |
| 7. 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.

- | | | |
|--|-----|----|
| 8. 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 |
| 9. 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 10 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.

10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? YES NO
11. Are you now subject to criminal prosecution or pending criminal charges? YES NO
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? YES NO
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? YES NO
14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? YES NO

List licenses from other jurisdictions:

State/Province/Territory	License Number	Date Issued	Is it Current	Class/Type License

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 Montana Fire Prevention Licensing Program.

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 am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date