

MONTANA DEPT. OF LABOR & INDUSTRY / BUSINESS STANDARDS DIVISION

301 South Park, 4TH Floor / P. O. Box 200513

Helena MT 59620-0513

(406) 841-6880

**REQUEST FOR VERIFICATION
OF MONTANA LICENSURE AND/OR EXAMINATION**

Official verification reports are provided to another state licensing board, jurisdiction, or individual for confirmation of licensure or exam passage in the State of Montana. Please allow 5 business days for the verification to be completed and sent to the recipient.

Name: _____

Date of Birth: _____

Preferred Mailing Address: _____

City/State/ZIP: _____

Is this a change of address? Yes No

(Please note that some licensing boards may require a separate form for change of address.)

Licensing Board: _____

Verification Requested: Exam _____ License _____
Exam Name, Month/Year License Number

SEND COMPLETED VERIFICATION TO: (If different than above)

Name: _____

Address: _____

City, State (or Province): _____

ZIP or Postal Code: _____ Country: _____

THIS PORTION TO BE COMPLETED BY BUSINESS STANDARDS DIVISION STAFF:

Verification sent? _____ Date sent: _____