

MONTANA DEPT. OF LABOR & INDUSTRY / BUSINESS STANDARDS DIVISION

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

Helena MT 59620-0513

(406) 841-2300 FAX (406) 841-2305

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

Fee: \$20.00

(Make check of money order payable to the Board to which you are making the request.)

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:

Fee received? _____ Verification sent? _____ Date sent: _____