

MONTANA BOILER OPERATOR/ENGINEER PROGRAM

301 South Park Avenue
PO Box 200517
Helena, Montana 59620-0517
Phone: 406-841-2056 Fax: 406-841-2050
EMAIL: buildingcodes@mt.gov
WEBSITE: <http://www.boileroperator.mt.gov/>

APPLICATION PROCEDURES FOR:

BOILER OPERATOR/ENGINEER

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the office has a complete routine application)

INSTRUCTIONS FOR APPLICATIONS

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make checks or money orders payable to:
BOILER OPERATOR PROGRAM.
3. Application and fee must be received at least two (2) weeks prior to the next scheduled examination date.
4. Walk-ins will not be accepted for examination on the day of the examination.

EXAMINATION INFORMATION

After your complete application is received to the above address, your application will be reviewed for approval. When all requirements have been met, you will receive an approval letter at your preferred mailing address indicating to contact the Building Codes Office to schedule your written examination.

1. Please circle the job service location you would like your exam sent:

Billings

Havre

Helena

Missoula

2. Please circle date you would like to test:

Monday June 10, 2019 at 9am

Monday December 09, 2019 at 9am

Monday September 09, 2019 at 9am

Monday March 09, 2020 at 9am

All applications and fees must be received at least two (2) weeks prior to the examination date.

SUGGESTED STUDY MATERIAL

To obtain study material please go to www.boileroperator.mt.gov go to forms, then go to Exam Forms, Study Guide Materials and click on link that you want to look at.

Suggested study books can be ordered by calling 1-800-323-3471 or online at [American Technical Publishers](#)

All Classes of Licensure:

Low Pressure Boilers - 5th Edition

By: F.M. Steingress and Daryl R. Walker

Third, Second, and First Class Licensure:

High Pressure Boilers - 6th Edition

By: F.M. Steingress, H.J. Frost, and Daryl R. Walker

Also, see the links on the website for [Hot Water Study Guide Pictures](#) and [Steam Boiler Study Guide Pictures](#)

APPROVED BOILER EDUCATION INSTRUCTORS

A list of pre-approved instructions can be found on our website at: www.boileroperator.mt.gov

RENEWAL INFORMATION

1. \$35.00 Annual Renewal Fee.
2. License expires annually on April 1.

In order to be eligible for the examination, an applicant must have the necessary experience under the proper class of a licensed boiler operator/engineer or meet other requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 4, Part 3, Montana Code Annotated.

EXPERIENCE MUST BE AT RATED SIZE OR ABOVE TO QUALIFY

CLASS	APP. FEE	RATED SIZE	MINIMUM EXPERIENCE/QUALIFICATIONS
Low Pressure	\$60	Not in excess of 15 psi steam & water boilers operation not in excess 50 psi hot water & 250° temperature	Must be 18-years of age or older, and have one of the following: a) 3-months full-time experience (480 hours) in the operation of a boiler in this classification under an engineer who holds a valid low-pressure, or higher license, and pass a written examination, or; b) Completion of a training course approved by the Department of Labor & Industry specific to low pressure boilers, a minimum of 40-hours experience under a licensed boiler engineer, and pass a written examination.
Third Class	\$80	Not in excess of 150 psi steam, and water boilers operating not in excess of 160 psi and 350° temperature	Must be 18-years of age or older, and one of the following: a) 6-months full-time experience (960 hours) in the operation of a boiler in this classification under an engineer holding a valid third class or higher, and pass a written examination, or; b) Completion of a training course approved by the Department of Labor & Industry specific to third class boilers, a minimum of 40-hours experience under a licensed boiler engineer, and pass a written examination.
Second Class	\$100	Not in excess of 250 psi steam, water boilers operating not in excess of 375 psi and 450° temperature, and steam-driven machinery not to exceed 100 horsepower per unit except traction and hoisting engines	Must be 18-years of age and older, pass a written examination, and: a) have at least 2-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid second or first class license, or; b) hold a third class license and have at least 1-year of full-time experience in the operation of a boiler in this classification under an engineer holding a valid second or first class license.
First Class	\$100	All classes, pressures & temperatures of steam & water boilers & steam driven machinery except traction-hoisting engines. In excess of 250 psi steam, water boilers in excess of 375 psi, and 450° temperature, and steam driven machinery in excess of 100 horsepower per unit	Must be 18-years of age and older, pass a written examination, and: a) have at least 3-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid first class license; b) hold a valid second class license and have at least 1-year of full time experience in the operation of a boiler in this classification under an engineer holding a valid first class license, or; c) hold a valid third class license and have at least 2-years full-time experience in the operation of a boiler in this classification under an engineer holding a valid first class license, and pass a written examination.
Agricultural Class	\$50	Not to exceed 150 psi saturated steam, not operated more than 6-months of the year, and operated only for the purposes of harvesting or processing of agricultural products.	Must be 18-years of age or older, and pass a written examination.
Traction	\$50	Any size	(1) must be 18 years of age or older; (2) shall attend a steam school approved by the department by rule and may apply steam school hours to the hour requirement established in subsection (3); (3) must have at least 50 hours total experience in the operation of steam traction engines; and (4) shall successfully pass a written examination prescribed by the department.

Pursuant to ARM 24.122.505(3)(b), experience verifications must be completed by a licensed operator holding a license at least equal to the class the applicant is applying for.

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PO Box 200517
301 South Park Ave, 4th Floor
Helena MT 59620 - 0517
Phone: (406) 841-2056 Fax: (406) 841-2050
E-mail: dlibsdboi@mt.gov
Website: <http://www.boileroperator.mt.gov/>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the office has a complete routine application)

APPLICATION FOR: (Please Select One)

Low Pressure Boiler Engineer **\$60.00**
Third Class Boiler Engineer **\$80.00**
Second Class Boiler Engineer **\$100.00**

First Class Boiler Engineer **\$100.00**
Agricultural Class Boiler Engineer **\$50.00**
Traction Engineer **\$50.00**

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER: _____

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 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: _____

Please indicate your preferred mailing address

____ Residential _____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

If approved for examination, which location do you wish to take the examination?

1. Please circle the job service location you would like your exam sent:

Billings Havre Helena Missoula

2. Please circle date you would like to test:

Monday June 10, 2019 at 9am Monday September 09, 2019 at 9am
Monday December 09, 2019 at 9am Monday March 09, 2020 at 9am

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- | | | | | |
|----|--|----|--------------------------|--------------------------|
| 1. | Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal. | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation. | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | 8. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | 9. | <input type="checkbox"/> | <input type="checkbox"/> |

TRAINING COURSES:

List any training courses you have completed, and a copy of the completion certificate.

Name of Course	Course Sponsor	Dates Attended

APPLICANTS APPLYING FOR AN AGRICULTURAL ENGINEER LICENSE MUST COMPLETE THE FOLLOWING SECTION:

AGRICULTURAL BOILER OPERATING/ENGINEER VERIFICATION

Employer/Business Name:
Employer/Business Address:
Phone Number:
List type of agricultural products being harvested or processed:

List the months and type of boilers being operated. May not exceed 150 psi saturated steam for more than six (6) months per year, and can only be operated for purposes of harvesting or processing of agricultural products.

Boiler Type	Operating Pressure	From:	To:

BOILER EXPERIENCE VERIFICATION

Low Pressure, Third Class, Second Class or First Class Engineer License

NOTE: THE LICENSED OPERATOR THAT THE APPLICANT TRAINED UNDER MUST COMPLETE THIS FORM

Name of Applicant: _____ Social Security Number: _____

Dates of Employment: From: _____ To: _____ Full-Time Part-Time

Employer/Business Name: _____

Employer/Business Address: _____

Phone Number: _____

Number of ACTUAL hours of experience obtained on the operation of a boiler each week: _____

List all types of boilers used by the applicant while under the above named employer. Attach additional information if necessary.

Boiler Type (check one)		Safety Valve Setting (PSI)	Dates Operated From (mm/dd/yy)	Dates Operated To (mm/dd/yy)	Hours per week/ per boiler
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<input type="checkbox"/>	Steam	<input type="checkbox"/>	Hot Water			
<input type="checkbox"/>	Steam	<input type="checkbox"/>	Hot Water			
<input type="checkbox"/>	Steam	<input type="checkbox"/>	Hot Water			
<input type="checkbox"/>	Steam	<input type="checkbox"/>	Hot Water			
<input type="checkbox"/>	Steam	<input type="checkbox"/>	Hot Water			

Name of Licensed Boiler Operator: _____

Address: _____

Phone Number: _____

License Number: _____ License Class: _____ Expiration Date: _____ State of Issuance: _____

AFFIDAVIT

I hereby declare under penalty of perjury that I have trained the above-named applicant and the applicant has obtained the necessary experience in the operation of a boiler as indicated above. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to 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.

 Legal Signature of Licensed Boiler Operator

 Date

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 Boiler Operator 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.

For a verification upon oath or affirmation

Legal Signature of Applicant

Date