

**MONTANA DEPT. OF LABOR & INDUSTRY / BUSINESS STANDARDS DIVISION**

301 South Park, 4<sup>TH</sup> 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: \_\_\_\_\_