

**STATE ELECTRICAL BOARD**  
301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-5711 or 841-2329 FAX (406) 841-2305  
E-MAIL: [dlibsdele@mt.gov](mailto:dlibsdele@mt.gov)  
WEBSITE: <http://www.electrician.mt.gov>

## **LIMITED ELECTRICAL CONTRACTOR**

### **GENERAL INFORMATION**

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- "Electrical Contractors" are not permitted to practice in Montana in any manner without an active Montana "Limited Electrical Contractor" license.
- Limited Electrical Contractor allow for residential construction consisting of less than five living units in a single structure.
- Please review the Montana laws and rules regarding the practice of "Electrical Contractor" in Montana.

### **LICENSE REQUIREMENTS: Limited Electrical Contractor**

#### **A. Licensing Requirements:**

Proof of compliance with [Montana Workers Compensation](#) and also [Unemployment Insurance](#) or an [Independent Contractor Exemption](#).

#### **B. Additional Requirements:**

Montana Licensed **Journeyman** as the responsible electrician, which means the person engaged in a full-time capacity that is responsible for all licensed electrical work performed by the electrical contractor in Montana.

#### **C. Renewal Schedule**

Biennial Renewal, May 15 - July 15

### **FEES**

"Limited Electrical Contractor" Application: \$300.00  
Make check or money order payable to the State Electrical Board

### **REQUIRED DOCUMENTS**

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application. NOTE: Any document that is not in English must be accompanied by certified translations.

- A. Proof of compliance with Montana Workers Compensation
- B. Proof of compliance with Montana Unemployment Insurance

**OR**

- C. Montana Independent Contractor Exemption

## **APPLICATION PROCEDURES**

- When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if applicant is required to appear before the Board for an interview.
- Keep the Board office informed at all times of any address changes. This is essential for timely processing of applications and subsequent licensure.
- A routine application may take up to 30 days to process once it is complete.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- Once an application is processed and approved a permanent license will be issued.

**MONTANA STATE ELECTRICAL BOARD**  
(301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery)  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-5711 or (406) 841-2329 FAX (406) 841-2305  
E-MAIL: [dlibsdele@mt.gov](mailto:dlibsdele@mt.gov)  
WEBSITE: <http://www.electrician.mt.gov>

**Limited Electrical Contractor Application**

Fees: \$300.00 Application

Payment: check or money order

Contact information: Workers Compensation (406-444-6532). Unemployment Insurance (406-444-3834). Independent Contractor Exemption (406-444-9029).

**Please Note:** The Montana responsible electrician's license determines the level of the contractor's license and what electrical work can be performed. An **unlimited electrical contractor** license will require a **master electrician** and allows the electrical contractor to **perform residential and commercial work**. A **limited electrical contractor** will require a **journeyman electrician** and limits the electrical work to **residential construction consisting of less than five living units in a single structure**.

1. BUSINESS NAME: \_\_\_\_\_  
Print actual name under which the electrical contracting business will be conducted

2. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

3. FEDERAL ID # \_\_\_\_\_ OR SSN# \_\_\_\_\_

4. TELEPHONE \_\_\_\_\_  
Business Fax

5. BUSINESS EMAIL \_\_\_\_\_

6. Has this business ever been previously licensed by this Board? YES NO  
If "yes" please give your previous license number \_\_\_\_\_

7. Business Owner(s) \_\_\_\_\_  
Name

Address \_\_\_\_\_  
City State Zip Code

8. Business Owner(s) \_\_\_\_\_  
Name

Address \_\_\_\_\_  
City State Zip Code

9. Is your business or business name registered with the Secretary of States Office      YES      NO  
(Secretary of States contact information: telephone: 406-444-3665 or website: [www.sos.mt.gov](http://www.sos.mt.gov) )

**10. INSURANCE REQUIREMENTS: You must have the necessary proof of compliance attached.**

As per 24.141.505, Administrative Rules of Montana (ARM), you must have the following:

A. Proof of Montana workers compensations insurance and Montana unemployment insurance coverage. **Please attach proof of coverage. (See example below)**

**OR**

B. Proof of a current Montana independent contractor's exemption. **Please attach a copy of the Montana independent contractor exemption certificate.**

**11. ACKNOWLEDGMENT OF RESPONSIBILITY: The responsible electrician must sign below.**

I, \_\_\_\_\_  
Print Name

DO HEREBY DECLARE the following:

I am the journeyman electrician of record for the business listed on page one of this application.

My license # is \_\_\_\_\_

I am actively engaged in a full time capacity for the electrical contracting firm listed on page one of this application and not engaged as a responsible electrician for any other electrical contractor.

I hereby assume all responsibility for the planning, laying out, and shall supervise all electrical work performed from this day forth until I shall have notified the Montana State Electrical Board or its legally appointed representative in writing of the cancellation of this agreement.

I further agree that all work performed under my supervision will comply with all Department rules and regulations. I understand any violation of this could result in administrative penalties or in action taken against the above noted license, as stated in Montana statutes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCIPLINARY QUESTIONS:**

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

- |   |     |    |
|---|-----|----|
| 12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  | Yes | No |
| 14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  | Yes | No |
| 15. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 16. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.   | Yes | No |
| 17. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.   | Yes | No |
| 18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. | Yes | No |
| If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult      | Yes | No |
| 19. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  | Yes | No |
| 20. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation.  | Yes | No |
| 21. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.  | Yes | No |

Client#:

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
CURRENT DATE

**PRODUCER**

Insurance provider's name  
Address  
City, State Zip Code

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**INSURED**

YOUR BUSINESS NAME  
(EXACTLY AS IT APPEARS ON THE APPLICATION)  
MAILING ADDRESS  
CITY STATE ZIP CODE

INSURER A **ABC Insurance Co**  
INSURER B  
INSURER C  
INSURER D  
INSURER E

DEPARTMENT OF LABOR & INDUSTRY  
BUSINESS STANDARDS DIVISION

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$  COMBINED SINGLE LIMIT Ea accident) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>ABC123456789</b>	<b>09/01/13</b>	<b>09/01/13</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT <b>\$1,000,000</b> E L DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E L DISEASE - POLICY LIMIT <b>\$1,000,000</b>
	<b>OTHER</b>				

**EXAMPLE**  
(FOR OUT OF STATE COVERAGE)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

**Workers Compensation Coverage includes the State of Montana**

**CERTIFICATE HOLDER**

**ADDITIONAL INSURED, INSURER LETTER**

**CANCELLATION**

Montana Department of Labor and Industry  
PO Box 200513  
301 South Park  
Helena, MT 59620-0513

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES  
AUTHORIZED REPRESENTATIVE  
*[Signature]*