STATE ELECTRICAL BOARD
301 SOUTH PARK, 4TH FLOOR - Delivery
P. O. Box 200513
Helena, Montana 59620-0513
(406) 444-6880 FAX (406) 841-2305
EMAIL: **dlibsdhelp@mt.gov**
WEBSITE: **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, 4TH FLOOR - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
(406) 444-6880 FAX (406) 841-2305
EMAIL:**dlibsdhelp@mt.gov**
WEBSITE: **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)

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_____

PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. *See,* 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.
- "You" in these instructions and questions refers to associates or agents of the facility, organization, or entity applying for licensure who must answer these questions personally as individuals.

PERSONAL HISTORY QUESTIONS:

12. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No

13. Have you ever surrendered a credential like those listed in number 12, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No

14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No

15. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No

16. Have you ever withdrawn an application for any professional license? Yes No

17. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No

18. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

19. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

20. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 21 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

21. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? Yes No

22. Are you now subject to criminal prosecution or pending criminal charges? Yes No

23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No

24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No

25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No

Client#:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
CURRENT DATE

PRODUCER
Insurance provider's name
Address
Citv. 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	
	GENERAL LIABILITY				EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	$
	CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PE				PRODUCTS - COMP/OP AGG	$
	POLICY / PRO-JECT / LO					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY EA ACC	$
					AGG	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	OCCUR / CLAIMS MADE				AGGREGATE	$
						$
	DEDUCTIBLE					$
	RETENTION $					$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC123456789	09/01/13	09/01/13	X WC STATU-TORY LIMITS / OTH-ER	
					E L EACH ACCIDENT	$1,000,000
					E L DISEASE - EA EMPLOYEE	$1,000,000
					E L DISEASE - POLICY LIMIT	$1,000,000
	OTHER					

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

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

CANCELLATION

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

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