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

MASTER ELECTRICIAN

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- "Master Electricians" are not permitted to practice in Montana in any manner without an active Montana Master License or a temporary Journeyman work permit.
- Please review the Montana laws and rules regarding the practice of "Electrician" in Montana.

LICENSE REQUIREMENTS: MASTER

NOTE: An applicant must have either education "A" or experience "B" to apply for a license.

A. Education Requirements: Written evidence of being a graduate as an electrical engineer of an accredited college or university and having minimum of (2,000) hours of legally obtained practical experience. (Per 37-68-304, MCA)

B. Experience Requirements: Must be on a form prescribed by the board or as noted on this application:

1. A third party verification of (8,000) hours of legally obtained journeyman level experience in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power, (Per 37-68-304, MCA) with no less than 20 percent, but not more than 50 percent residential experience. (Per 24-141-501 (3))

C. Examination Information:
Applications for examination must be approved by the State Electrical Board. Currently, exams are currently based off the 2017 NEC.

FEES

"Master Electrician" Application Fee: $240.00
Temporary journeyman work permit for exam candidates (fee in addition to application fee): $50.00
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. Master Experience Verification (page 7)
B. Verification Of Licensure (page 8)
C. Original College Transcripts

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.

- If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration.
- All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.
- Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. 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 a routine application is processed and approved a permanent license will be issued.

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Master Electrician Application

Fees:

☐ $240.00 Application by exam

☐ $50.00 Temporary work permit as a Journeyman Electrician for exam candidates
(fee is in addition to application fee)

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS ☐ Business ☐ Home

7. E-MAIL _____

8. TELEPHONE (___) _____ (____) _____ (____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____

☐ MALE
☐ FEMALE

ADDITIONAL QUESTIONS:

11. LICENSURE INFORMATION: All applicants must answer the following questions.

a. Have you ever applied for or taken a Montana electrical examination? Yes No

Type of Exam: _____

b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov Yes No

12. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory. (See page 8 of this application)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

13. EDUCATION:

a. Do you hold and electrical engineer degree from an accredited school? If yes, attach a copy of your transcripts. Yes No

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.

PERSONAL HISTORY QUESTIONS:

14. 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

15. Have you ever surrendered a credential like those listed in number 14, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No

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

17. 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

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

19. 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

20. 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.

21. 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

22. 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 23 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.

23. 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

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

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

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

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

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 State Electrical Board.

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 will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

_____ _____

Legal Signature of Applicant Date

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MASTER EXPERIENCE VERIFICATION AFFIDAVIT

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address before your application may be considered. All fields must be completed. ****This form requires third party verification.**

1. Name of applicant: _____
Last First Mi

Applicant address:_____
City State Zip

2. Name of Electrical Contracting Business who employed the above applicant:

_____
Please print name of firm, partnership or corporation

Address of employer: _____
City State Zip

Phone # of Contractor: _____

3. Position held (As an Electrician): _____

4. Dates of employment: from _____to_____

5. Hours of experience: **Must comply with 37-68-304, MCA and ARM 24.141.501. (www.electrician.mt.gov for the Laws and Rules)**

****Do not include any hours the above named applicant was working under an apprenticeship****

List the State(s) the hours were obtained: _____
Residential Hours: _____
Commercial/Industrial/Institutional Hours: _____

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

_____ _____ _____
Employer Name (Print) Signature of Employer Date
(Note: Applicant cannot verify their own hours)

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN ELECTRICIAN. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice as an ELECTRICIAN in the State of Montana. The STATE ELECTRICAL BOARD requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **STATE ELECTRICAL BOARD, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

_____ Name: _____
(Signature) (Please print)

Address: _____

_____

My License Number is: _____ License Type: _____
Apprentice / Residential / Journeyman / Master / Contractor

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE ELECTRICAL BOARD

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Obtained by examination: Yes No Examination score: _____ (Montana requires 75% or greater)

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

_____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____

Montana Department of
LABOR & INDUSTRY
Business Standards Division

SOCIAL SECURITY NUMBER

Applicants for professional licenses must provide a U.S. Social Security Number (SSN), if they have one, to facilitate child support enforcement, *see,* 42 USC § 666(a)(13) and § 37-1-307, Mont. Code Ann. The Division is also required to use an SSN to report certain license types to the National Health Care Databank, *see,* 42 USC § 1320a – 7e and 45 CFR § 60.15. An SSN is not required to receive or renew a license. An applicant for initial application who does not have an SSN must complete the following:

ATTESTATION

I, _____ am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

I have not been assigned a Social Security Number and am not required to have a Social Security Number. If assigned an SSN after the date of this affidavit, I will immediately report it to the Department of Labor & Industry or its successor administrator.

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

_____ _____
Signature Date

_____
Applicant Address of Record

_____
City State/Province Country Postal Code

Montana Department of
LABOR & INDUSTRY
Business Standards Division

CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 restricts professional license eligibility to individuals who qualify based on their citizenship, alien, or immigration status recognized by federal law. *See generally,* 8 USC § 1621. The Department of Labor & Industry requires all applicants for initial licensure to attest to the following questions under penalty of perjury:

ATTESTATION

I _____, am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

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 8 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: _____

_____

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

_____ _____
Signature Date

_____
Applicant Address of Record

_____
City State/Province Country Postal Code