

Montana State Electrical Board
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

RENEWAL APPLICATION

Check For New Address Indicate any changes below.
--

License No	
------------	--

License Type	
--------------	--

Name			
Address			
City	State	Zip Code	
Country	Email		

Your Montana Unlimited Electrical Contractor license will expire on July 15. Renewal Fee: \$300.00

In order to renew your Electrical Contractor license for the next two years:

- 1) Complete and sign the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit proof of compliance with Montana Workers Compensation Coverage or an Exemption. Out of state contractors are required to show coverage in Montana.
- 4) Submit proof of compliance of Montana Unemployment Insurance or an Independent Contractors Exemption. Unemployment Insurance (406) 444-3834 Independent Contractor Exemption (406) 444-9029
- 5) Submit Acknowledgement of Responsibility Form completed by the responsible electrician licensed by the State of Montana. Forms available at www.electrician.mt.gov
- 6) Submit a check or money order in the amount indicated above, made payable to the State Electrical Board. Do not send cash.
- 7) Return the renewal application, required forms and fee to the Board office by July 15.

Insurance Requirements:

To meet the insurance requirement, you are required to hold either a Montana Independent Contractors Certificate (406-444-9029) OR Montana Workers Compensation Coverage/Exemption (Out of state contractors are required to show coverage in Montana) AND Montana Unemployment Insurance/exemption (406-444-3834). Please indicate below which proof of current insurance you hold.

You are required to submit proof of current insurance directly to the Board office within 10 days.

- | | | |
|--|-----|----|
| * I affirm I have proof of a current Montana Independent Contractor Exemption Certificate. OR: | YES | NO |
| * I affirm I have proof of current Montana Workers Compensation Coverage or an Exemption. Out of state contractors are required to show coverage in Montana. | YES | NO |
| * I affirm I have proof of current Montana Unemployment Insurance or an Exemption OR Montana Independent Contractor Exemption Certificate. | YES | NO |

Acknowledgement of Responsibility:

By electing "Yes" below you attest to the acknowledgement of responsibility of your business. **You are required to submit the Acknowledgement of Responsibility form directly to the Board office within 10 days. If the person in charge for your business has not changed, you are not required to submit a new form.**

- | | | |
|--|-----|----|
| * I attest that I have in my employment a Montana licensed Journeyman (limited contractor) or Master (unlimited contractor) actively engaged in a full-time capacity for this electrical contracting firm. The person in charge assumes all responsibility for the planning, layout, and shall supervise all electrical work performed from this day forth until I shall have notified the Montana State Electrical board or it's legally appointed representative in writing of the cancellation of this agreement. | YES | NO |
|--|-----|----|

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

Yes If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature: _____ Date: _____

DO NOT SEND CASH

MONTANA STATE ELECTRICAL BOARD
301 SOUTH PARK, PO BOX 200513
HELENA, MT 59620-0513
(406) 444-5711 FAX (406) 841-2305
EMAIL: dlibsdele@mt.gov Website: www.electrician.mt.gov

ACKNOWLEDGEMENT OF RESPONSIBILITY

I, _____
(Name)

Master Electrician License Number _____

Journeyman Electrician License Number _____

DO HEREBY DECLARE that I am the master or journeyman of record for:

Electrical Contracting Firm Name to appear on the License

Address _____

City _____ State _____ Zip Code _____

Electrical Contractor License Number _____

Business Phone# _____ Home Phone# _____

and that I am actively engaged in a **full time capacity** for the above-named electrical contracting firm. 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