

**MONTANA STATE ELECTRICAL BOARD**

**301 SOUTH PARK, P.O. BOX 200513**

**HELENA, MT. 59620-0513**

**(406) 444-5711 FAX (406) 841-2305**

**Email: [dlibsdele@mt.gov](mailto:dlibsdele@mt.gov)**

**Website: [www.electrician.mt.gov](http://www.electrician.mt.gov)**

**ACKNOWLEDGMENT OF RESPONSIBILITY**

I, \_\_\_\_\_ (name)

Master Electrician License No. \_\_\_\_\_,

Journeyman Electrician License No. \_\_\_\_\_,

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

\_\_\_\_\_  
Electrical Contracting Firm Name to appear on the License

BUSINESS ADDRESS

Street and /or PO Box

BUSINESS 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