

MONTANA BOARD OF PLUMBERS
301 SOUTH PARK, 4TH FLOOR - Delivery
P. O. Box 200513
Helena, Montana 59620-0513
(406) 444-5711 FAX (406) 841-2305
E-MAIL: dlibsdpplu@mt.gov
WEBSITE: <http://www.plumber.mt.gov>

MASTER PLUMBER

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- Applications deemed non-routine need to be submitted and complete 15 days prior to the Board meeting.
- A "Master Plumber" is 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 "Plumbing" in Montana.

LICENSE REQUIREMENTS

A. Experience Requirements:

MASTER: A specific record of 4 years' experience as a licensed journeyman plumber in the field of plumbing, with 3 years' experience working with a licensed master plumber, or in a supervisory capacity in the field of plumbing, which may run concurrently with the 4 years' experience as a licensed journeyman plumber.

B. Examination Information:

Successful completion of the master written examination in Montana with a grade of 70% or better.

FEES

Application Fee: \$100.00

License Fees: ~~\$280.00~~ (In order to expedite your licensing process, please pay with your application fee of \$100.00. Total amount to pay will be **\$380.00**)

Temporary work permit (fee is in addition to application fee): \$100.00

Make check or money order payable to the Board of Plumbers

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. Experience Verification Affidavit (page 8)
- B. Verification Of Licensure (page 9)

OUT OF STATE APPLICANTS:

Out-of-state applicants for a master or journeyman plumber's license may provide proof of prior licensing in another state by submitting a copy or copies of the license(s) held along with a certified letter of verification from the state or local licensing agency stating date of licensure and requirements for licensure. If the qualifications from the state of original licensure are not equivalent to Montana's, the applicant will receive credit for the years required by the original state, but will need to provide the additional year's documentation as required by (2).

(2) Applicants from states with no journeyman or master licensing shall provide a notarized statement or letter from a qualified individual(s) acceptable to the board, with direct knowledge of the applicant's qualitative and quantitative plumbing experience equivalent to five years for the journeyman license and nine years for the master license.

EXAMINATIONS:

The Board or a representative of the Board must approve all applications before being allowed to sit for the examination. Applicants will receive notification of their application status within 30 days of receipt of the application.

Master: The Master examination is an open book examination with a 2 1/2 hour time limit. A minimum score of 70% is required to pass the written exam. Statutes, Rules and Uniform Plumbing Code book amendments will be provided by the proctor at the examination. The candidates are responsible for bringing their own 2012 Uniform Plumbing Code book. **Uniform Plumbing Code books will not be provided at the examination.** Code books will be inspected prior to the examination to ensure they are not tabbed. Code books will also be inspected after the examination to ensure examination information was not written in the book.

RENEWAL LICENSURE INFORMATION:

1. The Board office will mail a renewal notice to the preferred mailing address on file approximately 45 days prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the Board office of address changes may result in applicable late fees. You will be required to have completed 4 hours of continuing education prior to the next renewal cycle. In accordance with ARM 24.180.2102, new licensees are exempt from the requirements during their first renewal cycle. Those licensees changing from journeyman to master plumber are not exempt from completing at least four hours of continuing education. **Licenses expire annually on September 1.**

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 Plumber Application

Temporary Practice Permit: Check this box if you are requesting a temporary Journeyman license.

Name of Montana Master Plumber you will be employed by License Number of Master
(This fee is in addition to, and must be received with the application fee.)
Note: 37-69-304(2), MCA, A licensed journeyman plumber may perform work only in the employment of a licensed master plumber.

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 _____ PLACE OF BIRTH _____ MALE
City / State FEMALE

11. 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.

| 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 |

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. | | |
| 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 |

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 Board of Plumbers.

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

MONTANA BOARD OF PLUMBERS MASTER EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form.
This form must be returned to the Board of Plumbers before the application will be reviewed.

1. Name of Applicant: _____
LAST
FIRST
MI

2. Applicant Address: _____
CITY
STATE
ZIP

3. Please complete the experience section below. Each **Position Title** should be represented by Journeyman or Master plumber.

| Dates From | Dates To | Position Title | <i>Description of Plumbing Duties and Work</i> | Total Hours |
|------------|----------|----------------|--|-------------|
| | | | | |
| | | | | |

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:

_____ **PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER**

5. Address of Employer: _____
CITY
STATE
ZIP

6. Telephone of Employer: (____) _____ (____) _____
PHONE
FAX

7. **THIS BOX IS FOR MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

| Dates From | Dates To | <i>Description of Plumbing Work* (Master Applicants)</i> | Total Hours |
|------------|----------|--|-------------|
| | | | |
| | | | |
| | | | |

*ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

Legal Signature of Licensed Master Plumber or Contractor Making Statement
 (Note: Applicant cannot verify their own hours)
 _____ Date

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 A PLUMBER.** 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 PLUMBING in the State of Montana. The Board of PLUMBERS 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 **BOARD OF PLUMBERS, PO BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513** . Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

License No. _____ License Type: _____
Apprentice / Journeyman / Master

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

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____ Expiration Date: _____

License is current? _____ If NO, explain _____

Obtained by examination: Yes No Examination score: _____

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 _____

Hours required for licensure _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____ Date: _____