

**MONTANA BOARD OF PLUMBERS**  
301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-6880 FAX (406) 841-2305  
E-MAIL: [dlibsdhelb@mt.gov](mailto:dlibsdhelb@mt.gov)  
WEBSITE: [www.plumber.mt.gov](http://www.plumber.mt.gov)

## **MEDICAL GAS ENDORSEMENT**

### **GENERAL INFORMATION**

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- A "Medical Gas Endorsement Applicant" is not permitted to practice in Montana in any manner without an active Montana Medical Gas Endorsement License
- Please review the Montana laws and rules regarding the practice of "Plumbing" as it relates to Medical Gas Endorsement in Montana.

After April 1, 1996, a person may not install pipe used solely to transport gases used for medical purposes unless the person holds a valid medical gas piping installation endorsement issued by the State of Montana Plumbing Board.

### **LICENSE REQUIREMENTS**

#### **A. Education Requirements:**

Attached proof of successful completion of training program approved by Board.

#### **B. Current Board Approved 3rd Party Testing Agencies:**

- Mike Massey  
P.I.P.E. (also goes by United Association)
- Robert Sutter  
B&R Compliance Associates, LLC
- National ITC Corp (also goes by American Medical Gas Institute)
- David Mohile  
Medical Engineering Services
- Tony Stewart  
Apex Medical Gas Systems Inc

## FEES

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. Attach documentation that provides proof you have successfully completed an approved training program acceptable to the Board and have obtained certification in the installation of medical gas systems, based on NFPA 99C and Section IX of the ASME Welding and Brazing Codes.
- B. If licensed or endorsed to install Medical Gas Piping in another State, attach a copy of your license or certificate.

## 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. **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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**Medical Gas Endorsement Application**

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. EMAIL ADDRESS \_\_\_\_\_

7. PREFERRED MAILING ADDRESS Business Home

8. TELEPHONE \_\_\_\_\_  
Business Home Fax

9. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

10. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City / State MALE  
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
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> 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:**

- |                                                                                                                                                                                                                                                                               |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 |
| <p>"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.</p>                                                                                                                                                                      |     |    |
| 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 |
| <p>The following information is provided for Question 21 below:<br/>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.</p> |     |    |
| 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 |

**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

**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 Number is: \_\_\_\_\_ 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

Written examination score: \_\_\_\_\_ Practical 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: \_\_\_\_\_



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

