

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>

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) per DB
501 Shatto Place Suite 200
Los Angeles CA 90020 (800-457-7473)

Robert Sutter
B&R Compliance Associates
PO Box 20603
Lehigh Valley, PA 18002
(610) 868-7183 ext 102

National ITC Corp (also goes by American Medical Gas Institute)
Southern Regional Office
2540 Severn Dr. Ste 200
Metairie LA 70002 (888-234-6834) (504-885-2941)
Fax (504-455-5233)

David Mohile
Medical Engineering Services
40836 Oak Bucket Lane
Leesburg VA 20175 (703-771-9266)

Tony Stewart
Medical Gas Management Inc
POB 489
Bethany OK 73008 (405-787-1134)

David Mohile (M.E.T.C.)
Medical Equipment Training And
Certification, LLC
Lind Enterprises, Inc.
222 N Hoernerstown Road
Hummelstown PA 17036
(717-583-2687)

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 _____ 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
						<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

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

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: _____