



**Montana State Electrical Board**  
**PO Box 200513**  
**301 S Park, 4<sup>th</sup> Floor Helena, MT 59620-0513**  
**Phone: 406-444-5711**  
**Email: [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov) Website: [www.electrician.mt.gov](http://www.electrician.mt.gov)**

## **Licensing Requirements and Application Checklist Master Electrician**

Required documents for applicants with:

<u>an active license that does meet substantially equivalent (SE) requirements.</u> <input type="checkbox"/> License verification(s) <input type="checkbox"/> Discipline/Convictions <input type="checkbox"/> \$190 application fee	<u>no active license (exam required).</u> <input type="checkbox"/> License verification(s) <input type="checkbox"/> Discipline/Convictions <input type="checkbox"/> \$190 application fee <b>and</b> <input type="checkbox"/> Experience form <b>or</b> <input type="checkbox"/> Transcripts and experience form <b>See next page for exam requirements.</b>
<b>If not SE, you must take our exam.</b>	

### **Substantial Equivalency (SE)**

For an application to be reviewed for SE, the applicant must have a license in at least one state that is:

- Active
- Unrestricted
- In good standing

To be SE, the other state must require the following at the time of applying in Montana:

- Passage of an electrical exam.

AND one of the following:

- Being a graduate electrical engineer of an accredited college or university and having a minimum of 2,000 hours of legally obtained practical electrical experience; or
- Having at least 8,000 hours of legally obtained journeyman level experience in planning, laying out, or supervising the installation and repair of wiring, apparatus, or equipment for electrical light, heat, and power.

Licensing and SE requirements are listed in [MCA 37-1-307](#), [MCA 37-68](#), and [ARM 24.141](#).

### **Notes on required documents:**

- **License Verifications:** Applicants can submit copies of online verification(s). This is required for all licenses ever held, including expired licenses. You can attach these to your online application or email them with your application number to: [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)
- **Discipline/Convictions:** Submit documents for any disciplinary actions against a professional license and/or criminal convictions as described in the personal history questions in the application.
- **Transcripts:** Must come directly from the school and be an Electrical Engineering degree. They can be emailed to: [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)

**License Requirements for Master Electrician License by Examination:**

Below are the minimum requirements you must meet in order to be licensed in the state of Montana.

1. **Education Requirements:** Written evidence of being a graduate as an **electrical engineer** of an accredited college or university and having minimum of (2,000) hours of legally obtained practical experience. [[37-68-304, MCA](#)]

Or,

2. **Experience Requirements:**

**A third party verification of (8,000) hours of legally obtained Journeyman level experience** [[37-68- 102, MCA](#)] in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power, [[37-68-304, MCA](#)] with not more than 50 percent residential experience. [[ARM 24-141-515 \(2\)](#)]

3. **(Optional) Temporary Practice Permits:** [[ARM 24.141.502](#)]

- A temporary practice permit may be issued to an applicant upon completion of an application, submission of verification of experience, payment of the appropriate fees, and approval by the board or designated board representative. **An applicant for a master electrician license may be issued a journeyman temporary practice permit.**
- An active temporary practice permit allows an applicant to perform work while employed by a licensed electrical contractor.
- A temporary practice permit issued to an applicant for an electrician **license shall expire 90 days** from the date of issuance or upon receipt of licensure examination results.
- A temporary practice permit does not allow an individual to act as a responsible electrician for a licensed electrical contractor.
- Applicants who fail an exam **with a score of 69 percent or less** are not eligible for a temporary practice permit.
- Subsequent temporary practice permits may be issued at the discretion of the Department.

**Checklist of Required Documents to Submit for Application for Master Electrician by Examination:**

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

- Official license verification from states and jurisdictions in which the applicant holds or has ever held a professional license of any type;
- One** of the following:
  - Be a graduate electrical engineer of an accredited college or university and having a minimum of 2,000 hours of legally obtained practical electrical experience;

**Or**

- Having at least 8,000 hours of legally obtained journeyman level experience in planning, laying out, or supervising the installation and repair of wiring, apparatus, or equipment for electrical light, heat, and power.

**Optional Document:**

Testing accommodations: Complete the "[Request for Modification of Electrical Exam \(ADA\)](#)" form.

**Application Fee(s) for Master Electrician by Examination:**

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check. Do not mail cash.

- \$190 application fee
- \$50 Temporary work permit for exam candidates (fee is in addition to application fee)

**You can apply for a license online at <https://aca-prod.accela.com/POL> or download a paper application from the website. Online application is recommended.**

**Please include a valid e-mail address with your application. E-mail is the department's primary form of communication.**

**If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.**

**MONTANA STATE ELECTRICAL BOARD**  
 (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: [dlbsdhelp@mt.gov](mailto:dlbsdhelp@mt.gov)  
 WEBSITE: [www.electrician.mt.gov](http://www.electrician.mt.gov)

**Master Electrician Application**

**Fees:**

\$190.00 Application by exam OR \$190.00 Application by reciprocity or Endorsement

\$50.00 Temporary work permit **for exam candidates** (fee is in addition to application fee)

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      MALE      FEMALE
7. E-MAIL \_\_\_\_\_
8. TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Business      Home      Fax
9. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_
10. DATE OF BIRTH \_\_\_\_\_
11. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held:

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
						Yes      No
						Yes      No
						Yes      No
						<input type="radio"/> Yes      No
						<input type="radio"/> Yes      No
						Yes      No

**Education:**

12. Do you hold an electrical engineering degree from an accredited school? Yes      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:**

13. 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

14. Have you ever surrendered a credential like those listed in number 16, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No

15. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No

16. 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

17. Have you ever withdrawn an application for any professional license? Yes No

18. 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

19. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

20. 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

21. 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

The following information is provided for Question 25 below:

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.

22. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended in any state, federal, tribal, or foreign jurisdiction? You are not required to report arrests that did not result in the above outcomes. You are not required to report convictions you received when you were under 18, unless you were treated as an adult when convicted. You are not required to report misdemeanor driving violations, including driving under the influence, if you were sentenced more than five years before the submission date of this application: Yes No

23. Are you now subject to criminal prosecution or pending criminal charges? Yes No

24. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No

25. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No

26. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No

**MONTANA STATE ELECTRICAL BOARD**

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**MASTER EXPERIENCE VERIFICATION AFFIDAVIT**

**Note:** This form is not required if you submit an approved apprenticeship completion certificate.

Each employer must complete this form. Upload the form to your online application or email it to: [dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)

\*\*This form requires third party verification, that may include, but not limited to: Corporate Officers, Registered agents for the business, Owners of the business.

**1. Applicant info:**

Name: \_\_\_\_\_

Full address: \_\_\_\_\_

Position held while earning electrical experience:

Trainee      Apprentice      Journeyman      Master      Other: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Breakdown of legally obtained hours of practical experience per [MCA 37-68-304](#) and [ARM 24.141.515](#):

List the State(s) the hours were obtained in: \_\_\_\_\_

Residential Hours: \_\_\_\_\_

Commercial/Industrial/Institutional Hours: \_\_\_\_\_

**2. Electrical Contractor info:**

Name of Electrical Contracting Business who employed the listed applicant

Full address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License Number: \_\_\_\_\_

I HEREBY CERTIFY THE ABOVE TIMES AND DATES OF EMPLOYMENT, THE TYPE OF ELECTRICAL WORK PERFORMED DURING THE APPLICANT'S EMPLOYMENT AND THE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Employer Name (Print)

(Note: Applicant cannot verify their own hours)

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

**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 State Electrical Board.

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.

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Legal Signature of Applicant

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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 AN ELECTRICIAN. 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 as an ELECTRICIAN \_\_\_\_\_ in the State of Montana. The STATE ELECTRICAL BOARD 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 **STATE ELECTRICAL BOARD, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

My License Number is: \_\_\_\_\_ License Type: \_\_\_\_\_  
\_\_\_\_\_  
Apprentice / Residential / Journeyman / Master / Contractor

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

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

License is current? \_\_\_\_\_ If NO, explain \_\_\_\_\_

Obtained by examination: \_\_\_\_\_ Examination score: \_\_\_\_\_ (Montana requires 75% or greater)

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 \_\_\_\_\_

**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.

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Signature

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Date

---

Applicant Address of Record

---

City

---

State/Province

---

Country

---

Postal Code



# Montana Department of LABOR & INDUSTRY

## Business Standards Division

### CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 restricts professional license eligibility to individuals who qualify based on their citizenship, alien, or immigration status recognized by federal law. *See generally*, 8 USC § 1621. The Department of Labor & Industry requires all applicants for initial licensure to attest to the following questions under penalty of perjury:

#### ATTESTATION

I \_\_\_\_\_, am applying for a

Printed, Full Name of Applicant or Licensee

Montana license as a \_\_\_\_\_.

1. Are you a United States Citizen?  YES  NO

2. If you answered NO to question 1 above, are you (please check one of the following):

- A "qualified alien" as defined in 8 USC § 1641. *See*, 8 USC § 1621a (1).
- A nonimmigrant under the Immigration and Nationality Act, 8 USC § 1101 et seq. *See*, 8 USC § 1621a (2).
- A nonimmigrant whose visa for entry is related to such employment in the U.S. *See*, 8 USC § 1621c (2)(A).
- A foreign national not physically present in the United States. *See*, 8 USC § 1621c (2)(C).

Other – Please provide detailed explanation: \_\_\_\_\_

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.

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Signature

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Date

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Applicant Address of Record

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City

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State/Province

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Country

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Postal Code