

STATE ELECTRICAL BOARD
301 SOUTH PARK, 4TH FLOOR - Delivery
P. O. Box 200513
Helena, Montana 59620-0513
(406) 444-5711 or 841-2329 FAX (406) 841-2305
E-MAIL: dlibsdele@mt.gov
WEBSITE: <http://www.electrician.mt.gov>

UNLIMITED ELECTRICAL CONTRACTOR

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- "Electrical Contractors" are not permitted to practice in Montana in any manner without an active Montana "Unlimited Electrical Contractor" license.
- Unlimited Electrical Contractor allow for Residential, Commercial, Industrial or Institutional electrical work to be done.
- Please review the Montana laws and rules regarding the practice of "Electrical Contractor" in Montana.

LICENSE REQUIREMENTS: Unlimited Electrical Contractor

A. Licensing Requirements:

Proof of compliance with [Montana Workers Compensation](#) and also [Unemployment Insurance](#) or an [Independent Contractor Exemption](#).

B. Additional Requirements:

Montana Licensed **Master** as the responsible electrician, which means the person engaged in a full-time capacity that is responsible for all licensed electrical work performed by the electrical contractor in Montana.

C. Renewal Schedule

Biennial Renewal, May 15 - July 15

FEES

"Unlimited Electrical Contractor" Application: \$ 300.00
Make check or money order payable to the State Electrical Board

REQUIRED DOCUMENTS

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 1/2" 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. Proof of compliance with Montana Workers Compensation
- B. Proof of compliance with Montana Unemployment Insurance
OR
- C. Independent Contractor Exemption

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.
- Keep the Board office informed at all times of any address changes. 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 an application is processed and approved a permanent license will be issued.

MONTANA STATE ELECTRICAL BOARD
(301 SOUTH PARK, 4TH FLOOR - Delivery)
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Unlimited Electrical Contractor Application

Fees: \$300.00 Application

Payment: check or money order

Contact information: Workers Compensation (406-444-6532). Unemployment Insurance (406-444-3834). Independent Contractor Exemption (406-444-9029).

Please Note: The Montana responsible electrician's license determines the level of the contractor's license and what electrical work can be performed. An **unlimited electrical contractor** license will require a **master electrician** and allows the electrical contractor to **perform residential and commercial work**. A **limited electrical contractor** will require a **journeyman electrician** and limits the electrical work to **residential construction consisting of less than five living units in a single structure**.

1. BUSINESS NAME: _____
Print actual name under which the electrical contracting business will be conducted

2. BUSINESS ADDRESS _____
Street or PO Box # _____ City and State _____ Zip _____

3. FEDERAL ID # _____ OR SSN# _____

4. TELEPHONE _____
Business _____ Fax _____

5. BUSINESS EMAIL _____

6. Has this business ever been previously licensed by this Board? YES NO
If "yes" please give your previous license number _____

7. Business Owner(s) _____
Name _____
Address _____

8. Business Owner(s) _____
Name _____
Address _____

City _____ State _____ Zip Code _____

9. Is your business or business name registered with the Secretary of States Office YES NO
(Secretary of States contact information: telephone: 406-444-3665 or website: www.sos.mt.gov)

10. INSURANCE REQUIREMENTS: You must have the necessary proof of compliance attached.

As per 24.141.505, Administrative Rules of Montana (ARM), you must have the following:

A. Proof of Montana workers compensations insurance and Montana unemployment insurance coverage. **Please attach proof of coverage. (See example below)**

OR

B. Proof of a current Montana independent contractor's exemption. **Please attach a copy of the Montana independent contractor exemption certificate.**

11. ACKNOWLEDGMENT OF RESPONSIBILITY: The responsible electrician must sign below.

I, _____
Print Name

DO HEREBY DECLARE the following:

I am the master electrician of record for the business listed on page one of this application.

My license # is _____

I am actively engaged in a full time capacity for the electrical contracting firm listed on page one of this application and not engaged as a responsible electrician for any other electrical contractor.

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 _____

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. Has a complaint ever been made 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 purposes 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 ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18 th birthday unless you were tried as an adult.	Yes	No
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 ever been diagnosed 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

Client#:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
CURRENT DATE

PRODUCER

Insurance provider's name

Address

City. State Zip Code

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

YOUR BUSINESS NAME
(EXACTLY AS IT APPEARS ON THE APPLICATION)
MAILING ADDRESS
CITY STATE ZIP CODEINSURER A ABC Insurance Co
INSURER B
INSURER C
INSURER D
INSURER E

DEPARTMENT OF LABOR & INDUSTRY

BUSINESS STANDARDS DIVISION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				COMBINED SINGLE LIMIT (a accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ABC123456789	09/01/13	09/01/13	X WC STATUTORY LIMITS \$1,000,000 E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Workers Compensation Coverage includes the State of Montana

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

/MM