

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

MASTER ELECTRICIAN

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- "Master Electricians" are 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 "Electrician" in Montana.

LICENSE REQUIREMENTS: MASTER

NOTE: An applicant must have either education "A" or experience "B" to apply for a license.

A. 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. (Per 37-68-304, MCA)

B. Experience Requirements: Must be on a form prescribed by the board or as noted on this application:

1. A third party verification of (8,000) hours of legally obtained journeyman level experience in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power, (Per 37-68-304, MCA) with no less than 20 percent, but not more than 50 percent residential experience. (Per 24-141-501 (3))

C. Examination Information:

Applications for examination must be approved by the State Electrical Board. Currently, exams are currently based off the 2014 NEC.

FEES

"Master Electrician" Application Fee: \$240.00

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

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 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. Master Experience Verification (page 7)
- B. Verification Of Licensure (page 8)
- C. Original College Transcripts

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 Electrician Application

Fees:

\$240.00 Application by exam

\$50.00 Temporary work permit as a Journeyman Electrician **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

7. E-MAIL _____

8. TELEPHONE (____) _____ (____) _____ (____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____ MALE
FEMALE

ADDITIONAL QUESTIONS:

11. LICENSURE INFORMATION: All applicants must answer the following questions.

- a. Have you ever applied for or taken a Montana electrical examination? Yes No

Type of Exam: _____

- b. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, you will need to complete a "Request for Modification of Electrical Exam" form and submit a letter from your physician detailing what accommodation is needed. Forms are available on our website at www.electrician.mt.gov Yes No

12. 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. (See page 8 of this application)

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

13. EDUCATION:

- a. Do you hold and electrical engineer degree from an accredited school? Yes No
If yes, attach a copy of your transcripts.

DISCIPLINARY QUESTIONS:

Please read carefully & answer questions completely and truthfully, it may affect your licensure.

- | | | |
|---|-----|----|
| 14. 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 |
| 15. 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 |
| 16. 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 |
| 17. 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 |
| 18. 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 |
| 19. 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 |
| 20. 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. | | |
| 21. 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 |
| 22. 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 |
| 23. 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 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.

Legal Signature of Applicant

Date

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MASTER EXPERIENCE VERIFICATION AFFIDAVIT

Make a copy of this form for each employer you want to be considered for verification. This form must be returned to the above address before your application may be considered. All fields must be completed. ****This form requires third party verification.**

1. Name of applicant: _____
Last First Mi

Applicant address: _____
City State Zip

2. Name of Electrical Contracting Business who employed the above applicant:

Please print name of firm, partnership or corporation

Address of employer: _____
City State Zip

Phone # of Contractor: _____

3. Position held by the above applicant: _____

4. Dates of employment: from _____ to _____

5. Hours of experience: **Must comply with 37-68-304, MCA and ARM 24.141.501.**
(www.electrician.mt.gov for the Laws and Rules)

****Do not include any hours the above named applicant was working under an apprenticeship****

List the State(s) the hours were obtained: _____

Residential Hours: _____

Commercial/Industrial/Institutional Hours: _____

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) Signature of Employer Date
(Note: Applicant cannot verify their own hours)

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: Yes No 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: _____