

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

**RESIDENTIAL ELECTRICIAN**

**GENERAL INFORMATION**

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- "Residential or Journeyman Electricians" are not permitted to practice in Montana in any manner without an active Montana Residential or Journeyman License or a temporary work permit.
- Please review the Montana laws and rules regarding the practice of "Electrician" in Montana.

**LICENSE REQUIREMENTS: RESIDENTIAL**

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

**A. Education Requirements:** Completion of an approved residential apprenticeship program in the electrical trade or completion of an appropriate training program conducted by a bona fide union or trade association. (Per 37-68-305, MCA)

**B. Experience Requirements:** Please apply by one of the following on a form prescribed by the board or as noted on this application:

1. **A third party verification of (4,000) hours of legally obtained practical experience** in wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power in residential construction consisting of less than five living units in a single structure. (Per 37-68-305, MCA)

2. Worked in the electrical maintenance field for at least (20,000) hours, **accompanied by written certification by the applicant's employer** that the applicant has attained at least (20,000) hours in the electrical maintenance field while working for the employer. A minimum of (8,000) of these hours must be practical experience. (Per 37-68-305, MCA)

**C. Examination Information:**

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

**FEES**

"Residential Electrician" Application Fee by Examination: \$240.00

"Residential Electrician" Application by Reciprocity or Credential: \$250.00

Temporary residential 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. Residential Experience Verification (page 7)
- B. Verification Of Licensure (page 8) and / or
- C. Copy of Apprenticeship Completion Certificate

## **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.



**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](http://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                       |

13. RECIPROCAL STATES: **AK, AR, CO, MN, ND, NE, NH, NM, OK, SD, TX, UT, and WY**  
**(Idaho is only reciprocal with Montana, State to State)**

(Board staff will obtain a license verification from these states.) Conditions of reciprocity are that your license is currently active, in good standing, and the license has been held for 1 year from a reciprocal exam State listed above. (You will **not** need to submit the Experience Verification Affidavit form with your application)

14. CREDENTIAL STATES: **AL, CT, HI, ID, MA, ME, MI, OR, RI, VA, VT, (District of Columbia), WV, and WA**

(You will be responsible for obtaining a license verification from these states.) Include the verification with your application. Conditions of credentialing are that your license is currently active, held at least one year, obtained by state exam with an exam score of 75% or greater and do not have any active complaints against your license. (You will **not** need to submit the Experience Verification Affidavit form with your application.)

15. APPRENTICESHIP INFORMATION:

- a. Did you complete an apprenticeship? Yes No  
 If yes, attach apprenticeship completion certificate. (You will **not** need to submit the Experience Verification Affidavit form with your application.)

- b. Did you complete a union sponsored apprenticeship? Yes No  
 If yes, attach union travel letter stating when you completed the apprenticeship. (Per 37-68-305 MCA.) (You will **not** need to submit the Experience Verification Affidavit form with your application.)

**DISCIPLINARY QUESTIONS:**

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

- |   |     |    |
|---|-----|----|
| 16. 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 |
| 17. 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 |
| 18. 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 |
| 19. 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 |
| 20. 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 |
| 21. 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 |
| 22. 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 <sup>th</sup> birthday unless you were tried as an adult. |     |    |
| 23. 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 |
| 24. 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 |
| 25. 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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Helena, Montana 59620-0513  
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**RESIDENTIAL 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 application will 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 Code

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. Breakdown of legally obtained hours of practical experience: (MUST BE COMPLETED)  
**(Must comply with 37-68-305 MCA and 24.141.501 ARM) ([www.electrician.mt.gov](http://www.electrician.mt.gov) for the Laws and Rules)**

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

6. Was this person in a registered apprenticeship program while under your employment?  
Yes No

7. Union records are not acceptable verification of hours. Hours must be verified by an employer.

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 A CRENDENTIAL 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 obtained by examination: Yes No Examination score: \_\_\_\_\_ (Montana requires 75% or greater)

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

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: \_\_\_\_\_