



Use this form if your out-of-state license is not substantially equivalent to Montana's and you would like your work history evaluated to make up the difference. Use multiple forms if needed. If possible, for each job, please include a letter from your supervisor detailing your work. Email the completed form to **dlibsdbbh@mt.gov**.

Name: \_\_\_\_\_ Application Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

Job Title: _____	Job Duties and Responsibilities:
Employer: _____	
Supervisor: _____	
Start Date: _____	
End Date: _____	Supervisor letter included?    Yes <input type="checkbox"/> No <input type="checkbox"/>

---

Job Title: _____	Job Duties and Responsibilities:
Employer: _____	
Supervisor: _____	
Start Date: _____	
End Date: _____	Supervisor letter included?    Yes <input type="checkbox"/> No <input type="checkbox"/>

---

Job Title: _____	Job Duties and Responsibilities:
Employer: _____	
Supervisor: _____	
Start Date: _____	
End Date: _____	Supervisor letter included?    Yes <input type="checkbox"/> No <input type="checkbox"/>

---

Job Title: _____	Job Duties and Responsibilities:
Employer: _____	
Supervisor: _____	
Start Date: _____	
End Date: _____	Supervisor letter included?    Yes <input type="checkbox"/> No <input type="checkbox"/>

---