

## Montana State Electrical Board

PO Box 200513

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## Licensing Requirements and Application Checklist Electrical Contractor

### **License Requirements for an Electrical Contractor License:**

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

1. Workers Comp and Unemployment Insurance ([ARM 24.141.505](#)):

Be in compliance with the Workers' Compensation Act, worker's compensation coverage per [MCA 39-71-101](#) and the Unemployment Insurance Law, unemployment insurance coverage per [MCA 39-51-101](#).

Note: 1. **Not all out of state workers comp policies are valid in Montana.**

2. See examples on the following pages.

3. Additional resources to help you determine if you are compliant: [MCA 39-71-401](#) and [ARM 24.29.703](#).

2. Responsible Electrician ([ARM 24.141.505](#) and [ARM 24.141.301](#)):

A Montana Licensed **Journeyman or Master** must be listed as the responsible electrician, which means the Montana-licensed electrician engaged in a full-time capacity, who is responsible for all licensed electrical work performed by the electrical contractor.

### **Checklist of Required Documents to Submit for Application for an Electrical Contractor license:**

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.
- Have the Montana Licensed **Journeyman or Master** electrician who is the responsible electrician for the company complete the "Acknowledgment of Responsibility" form.
- Affirm compliance with workers compensation and unemployment insurance.

### **Application Fee(s) for an Electrical Contractor:**

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.

- \$210 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.



## **MONTANA WORKERS' COMPENSATION COVERAGE REQUIREMENTS FOR CONTRACTORS IN THE CONSTRUCTION INDUSTRY**

The following information explains why Montana must be specifically stated as a statutorily covered state on a workers' compensation policy, even for out of state construction contractors.

Coverage stated under **section 3a** of a workers' compensation policy is coverage that complies with the specific laws of the states listed. If Montana is listed, this means premiums paid are Montana premiums and benefits are determined under the Montana Workers' Compensation Act.

Coverage stated under **section 3c** of a workers' compensation policy is coverage that complies under the domiciliary state or state where the company is located. This means that premiums and benefits paid are determined under the workers' compensation laws of the domiciliary state. Therefore this does not comply with Montana law stating that construction workers are considered Montana employees.

Following are the statutes pertaining to this requirement:

**[39-71-118 Montana Code Annotated](#)** ... (8)(c) Basically states that if you are working in the construction industry in Montana you are a Montana employee.

(8) For purposes of this section, an "employee or worker in this state" means:

(c) a nonresident employee of an employer from another state engaged in the construction industry, as defined in **[39-71-116](#)**, within this state;

**[39-71-401 Montana Code Annotated](#)** ... Basically states that all employers must cover their employees under a Montana Workers' Compensation policy

39-71-401. Employments covered and exemptions – elections – notice. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers and to all employees. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3 unless the provisions of **[39-71-442](#)** apply. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.

**[39-71-402 Montana Code Annotated](#)** ... Basically states nonresident construction workers are Montana employees.

(1)(c) Unless specifically addressed in an agreement as provided in subsection (2)(d), employers from another state that are engaged in the construction industry, as defined in **[39-71-116](#)**, and that employ workers from another state shall obtain coverage for those workers under the provisions of this chapter.

**Workers Compensation and Employers Liability Insurance Policy**

Example Insurance Montana  
 PO BOX 1111  
 Example City, MT 59601

Policy Number	Policy Period	
	From	To
[REDACTED]	05/28/2024	05/28/2025
12:01 A.M. Standard Time at the described location		

**Transaction**

INFORMATION PAGE  
 Renewal of Policy [REDACTED]

ITEM 1. Named Insured and Address	Agent
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

**Other Workplaces Not Shown Above:** See schedule attached  
**Extended Named Insured:** Absence of an entry means no exception

<b>Interstate ID:</b>	<b>Intrastate ID:</b>
<b>Insured Is:</b> Limited Liability Company (LLC)	<b>FEIN#:</b> [REDACTED]
<b>Bureau/Risk ID:</b> [REDACTED]	<b>NCCI #:</b> [REDACTED]
<b>Unemployment ID Number:</b>	

**ITEM 2. POLICY PERIOD** is from 12:01 A.M., 05/28/2024 to 12:01 A.M., 05/28/2025 Standard Time at the insured's mailing address.

**ITEM 3. COVERAGE**

- A. Workers Compensation Insurance:** Part One of the policy applies to the Workers Compensation Law of the states listed here: CO, KS **Montana must be listed in this section.**
- B. Employers Liability Insurance:** Part Two of the policy applies to work in each state listed in Item 3A.  
 The limits of our liability under Part Two are:
 

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee
- C. Other States Insurance:** Part Three of the policy applies to the states, if any, listed here.  
 All states and U.S. territories except: monopolistic states, Puerto Rico, the U.S. Virgin Islands, and states designated in Item 3A of the Information Page **Montana can not be listed in this section.**
- D.** This policy includes these endorsements and schedules:  
 See endorsement schedule

**ITEM 4. PREMIUM**

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

**CLASSIFICATIONS**

**SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)**

<b>Minimum Premium</b>	<b>Deposit Premium</b>	<b>Total Estimated Annual Premium</b>	<b>Premium Adjustment Period:</b>
\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	Annual - Reporting

MONTANA STATE ELECTRICAL BOARD  
(301 SOUTH PARK, 4TH FLOOR - Delivery)  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 444-6880

EMAIL: [dlibsdhcp@mt.gov](mailto:dlibsdhcp@mt.gov) WEBSITE: [www.electrician.mt.gov](http://www.electrician.mt.gov)

**Electrical Contractor Application**

Fees: \$210.00 Application

**Please Note:** The Montana responsible electrician’s license determines the level of the contractor’s license and what electrical work can be performed.

**Unlimited electrical contractor:** Requires a **master electrician** and allows the electrical contractor to perform residential and commercial work.

**Limited electrical contractor:** Requires 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

5. BUSINESS EMAIL \_\_\_\_\_

6. Has this business ever been previously licensed by this Board? YES NO

7. If “yes” please give your previous license number: \_\_\_\_\_

8. Business Owner(s) \_\_\_\_\_  
Name

Address \_\_\_\_\_  
City State Zip Code

9. Business Owner(s) \_\_\_\_\_  
Name

Address \_\_\_\_\_  
City State Zip Code

10. Are you compliant with Montana Workers Compensation per [MCA 39-71-101](#)? YES NO

Note: 1. **Not all out of state workers comp policies are valid in Montana.**  
2. Additional resources to help you determine if you are compliant: [MCA 39-71-401](#) and [ARM 24.29.703](#).

11. Are you compliant with Montana Unemployment Insurance per [MCA 39-51-101](#)? 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.
- “You” in these instructions and questions refers to associates or agents of the facility, organization, or entity applying for licensure who must answer these questions personally as individuals.

**PERSONAL HISTORY  
QUESTIONS:**

12. 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
13. Have you ever surrendered a credential like those listed in number 12, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
15. 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
16. Have you ever withdrawn an application for any professional license?	Yes	No
17. 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
18. 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.		
19. 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
20. 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 21 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.		
21. 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
22. Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No
25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	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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Website: [www.electrician.mt.gov](http://www.electrician.mt.gov)

**ACKNOWLEDGMENT OF RESPONSIBILITY**

I, \_\_\_\_\_ (name)

Master Electrician License No. \_\_\_\_\_,

Journeyman Electrician License No. \_\_\_\_\_,

DO HEREBY DECLARE that I am the master or journeyman of record for:

\_\_\_\_\_  
Electrical Contracting Firm Name to appear on the License

**BUSINESS ADDRESS** \_\_\_\_\_  
Street and /or PO Box

**BUSINESS ADDRESS** \_\_\_\_\_  
City State Zip code

**ELECTRICAL CONTRACTOR LICENSE NUMBER** \_\_\_\_\_

**BUSINESS PHONE #** \_\_\_\_\_ **HOME PHONE #** \_\_\_\_\_

and that I am actively engaged in a **full time capacity** for the above-named electrical contracting firm. 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