

**Montana State Electrical Board**  
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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

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

**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)**

| Minimum Premium | Deposit Premium | Total Estimated Annual Premium | Premium Adjustment Period: |
|-----------------|-----------------|--------------------------------|----------------------------|
| \$ [REDACTED]   | \$ [REDACTED]   | \$ [REDACTED]                  | Annual - Reporting         |