Updated: 3/28/2023



## **Montana State Electrical Board**

PO Box 200513 301 S Park, 4th Floor Helena, MT 59620-0513 Phone: 406-444-5711

Email: dlibsdhelp@mt.gov Website: www.electrician.mt.gov

## **Licensing Requirements and Application Checklist Residential Electrician**

See page 3 for reciprocity/endorsement requirements.

#### **License Requirements for Residential Electrician License by Examination:**

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

**1. 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. [37-68-305, MCA]

Or;

- 2. Experience Requirements: Apply by one of the following on a form prescribed by the board:
- a. 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. [37-68-305, MCA]
  Or:
- **b.** 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. [37-68-305, MCA]
- 3. Temporary Practice Permits: [ARM 24.141.502]
- A temporary practice permit may be issued to an applicant upon completion of an application, submission of verification of experience, payment of the appropriate fees, and approval by the board or designated board representative. An applicant for a master electrician license may be issued a journeyman temporary practice permit.
- An active temporary practice permit allows an applicant to perform work while employed by a licensed electrical contractor.
- A temporary practice permit issued to an applicant for an electrician license shall expire 60 days from the date of issuance or upon receipt of licensure examination results.
- A temporary practice permit does not allow an individual to act as a responsible electrician for a licensed electrical contractor.
- Applicants who fail an exam with a score of 69 percent or less are not eligible for a temporary practice permit.
- Subsequent temporary practice permits may be issued at the discretion of the board.

Updated: 3/28/2023



# <u>Checklist of Required Documents to Submit for Application for Residential Electrician by Examination:</u>

The following documents and additional forms are required <u>in addition</u> 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;
Residential experience verification form providing <b>4000 hours</b> of legally obtained experience <u>or</u>
Copy of <b>Apprenticeship Completion Certificate</b> showing the trade that was completed <u>or</u>
Copy of written certification that the applicant has attained <b>20,000 hours</b> in the maintenance field by applicant's employer. A minimum of <b>8,000</b> of these hours must be practical experience.
Application Fee(s) for Residential Electrician by Examination:
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.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
\$50 Temporary work permit for exam candidates (fee is in addition to application fee)

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## **License Requirements for Residential Electrician By Reciprocity or Endorsement:**

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

1. RECIPROCAL STATES: AK, AR, CO, IA, ID, ME, MN, ND, NE, NH, NM, OK, SD, TX, WI, WY (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 the application) [ARM]

Or:

24.141.504, 37-1-304, MCA

2. ENDORSEMENT STATES: AL, CA, CT, District of Columbia, DE, FL, HI, KY, MA, MI, NJ, OR, RI, UT, VA, VT, WA, WV

(You, the applicant will be responsible for obtaining a license verification from these states.)

Include the verification with your application. Conditions of endorsing are that your license is currently active, held at least one year, obtained by state exam with and 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.) [ARM 24.141.504, 37-1-304, MCA]

# <u>Checklist of Required Documents to Submit for Application for Residential Electrician by Reciprocity or Endorsement:</u>

The following documents and additional forms are required <u>in addition</u> 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;
	Endorsement State Verification requested by applicant if applying by endorsement
ш	
	Note: State license verifications will be verified by department staff for those applying
	by reciprocity. You do not need to submit a license verification from the reciprocity
	states.
<b>Applica</b>	tion Fee(s) for Residential Electrician by Reciprocity or Endorsement:
The fol	lowing fee(s) must be submitted with your application. Online applicants can pay using

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.

☐ \$250 application fee

You can apply for a license online at <a href="https://ebiz.mt.gov/POL/">https://ebiz.mt.gov/POL/</a> 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.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

#### MONTANA STATE ELECTRICAL BOARD

301 SOUTH PARK, 4<sup>TH</sup> FLOOR - Delivery P. O. Box 200513 Helena, Montana 59620-0513 (406) 444-6880 FAX (406) 841-2305 E-MAIL: dlibsdhelp@mt.gov

WEBSITE: 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 2020 NEC.

#### **FEES**

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

"Residential Electrician" Application by Reciprocity or Endorsement: \$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 8)
- B. Verification Of Licensure (page 9) 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.

Apprenticeship Completion

Reciprocity

Type:

Fees:

Exam

#### MONTANA STATE ELECTRICAL BOARD

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E-MAIL: dlibsdhelp@mt.gov WEBSITE: www.electrician.mt.gov

Maintenance Experience

## **Residential Electrician Application**

Hours of Experience

Endorsement

Please check only one per section (see instructions for details) Experience:

	\$240.00 Application by ex	am OR S	\$250.00 Applic	ation by reciprocit	ty or Endo	orsement	
	\$50.00 Temporary work p	ermit for exam c	andidates (fee	is in addition to a	oplication	fee)	
Pa	yment:						
	check or money order (do r	not send cash)					
1.	The state of the s						
	Last		Firs	t		Mide	dle
2.	OTHER NAME(S) KNOWN BY						
3.	BUSINESS NAME						
4.	BUSINESS ADDRESS						
	St	reet or PO Box #		City and State			Zip
5.	HOME ADDRESSSt	reet or PO Box #		City and State			Zip
6.	PREFERRED MAILING ADDRE	ESS Busines	s Home	MALE	FEMAL	.E	•
7.	E-MAIL						
8.	TELEPHONE ()Bus	iness	()	Home	_ ()	Fax	
9.	SOCIAL SECURITY NUMBER			_ FOREIGN ID NU	JMBER _		
10.	DATE OF BIRTH	-					

#### **ADDITIONAL QUESTIONS:**

11.	LICENSURE	INFORMATION:	All applicants	must answer	the follow	ing 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 <u>ever</u> have held. License verification must be sent directly to Montana from each state/province/territory. (See page 9 of this application)

State	License #	License Type	Issue Date	Expiration Date	License Method	Requeste Verificati	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

### 13. RECIPROCAL STATES: AK, AR, CO, IA, ID, ME, MN, ND, NE, NH, NM, OK, SD, TX, WI, WY

(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 <u>not</u> need to submit the Experience Verification Affidavit form with your application)

## 14. ENDORSEMENT STATES: AL, CA, CT, District of Columbia, DE, FL, HI, KY, MA, MI, NJ, OR, RI, UT, VA, VT, WA, WV

(You will be responsible for obtaining a license verification from these states.) Include the verification with your application. Conditions of endorsement are that your license is currently active, held at least one year, obtained by state exam with and 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? (Per 37-68-305, MCA)
   If yes, attach apprenticeship completion certificate. (You will <u>not</u> need to submit
   Yes
   No the Experience Verification Affidavit form with your application.)
- b. Did you complete a union sponsored apprenticeship
   If yes, attach union travel letter stating when you completed the apprenticeship.
   Yes No (Per 37-68-305, MCA.) (You will <u>not</u> need to submit the Experience Verification Affidavit form with your application.)

## 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.

## **PERSONAL HISTORY QUESTIONS:**

16. 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
17. Have you ever surrendered a credential like those listed in number 16, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?	Yes	No
18. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?	Yes	No
19. 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
20. Have you ever withdrawn an application for any professional license?	Yes	No
21. 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
22. 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.		
23. 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
24. 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	Yes	No
reasonable skill and safety?		
The following information is provided for Question 25 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.		
25. 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
26. Are you now subject to criminal prosecution or pending criminal charges?	Yes	No
27. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?	Yes	No
28. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?	Yes	No
29. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?	Yes	No

## **AFFIDAVIT**

I authorize the										and
competence to	practice, b	y anyone v	vho might pos	ssess such in	formation	, to the	State Elect	rical Boa	ard.	

I hereby declare under penalty of perjury the information included the best of my knowledge. In signing this application, I am aware any question may lead to denial of my application or subsequent have read and will abide by the current licensure statutes and rule profession. I will abide by the current laws and rules that govern in the current laws are rules that govern in the current laws and rules that govern in the current laws are rules that govern in the current laws.	that a false statement or evasive answer to revocation of licensure on ethical grounds. I es of the State of Montana governing the
Legal Signature of Applicant	Date

#### **MONTANA STATE ELECTRICAL BOARD**

P. O. Bod 200513 (301 S. PARK AVE, 4<sup>TH</sup> FLOOR – Delivery) Helena, Montana 59620-0513 (406) 444-6880 Fax (406) 841-2305

#### **RESIDENTIAL EXPERIENCE VERIFICATION AFFIDAVIT**

**Note:** If you completed an approved DLI apprenticeship or training program submit the completion certificate and leave this form blank unless requested by our office. If you cannot submit a copy of the completion certificate, you will need to complete this form.

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 or emailed to <a href="mailto:dlibsdhelp@mt.gov">dlibsdhelp@mt.gov</a> before application will be considered complete. Please also upload the form to your application on your account. All fields must be completed. \*\*This form requires third party verification, that may include, but not limited to: Corporate Officers, Registered agents for the business, Owners of the business.

1. Applicant info:			
Name of applicant:			
Last	First	Mi	
Applicant full address:			
Electrical business info:     Name of Electrical Contracting Business v	who employed the above applica	ant:	
Please print name of firm, partnership, or	corporation		
Employer full address:			
Phone Number of Contractor:			
3. What type of electrical license did the applica	ant hold while earning hours: _		
4. Applicant dates of employment as a licensed	d electrician: from	to	
5. Breakdown of legally obtained hours of pract (Must comply with MCA 37-68-305 and ARM	•	mt.gov for the Laws a	and Rules)
List the State(s) the hours were obtained: Residential Hours:			
6. Was the applicant in a registered apprentices	ship program while under your e	mployment? Yes	) No 🔘
7. Union records are not acceptable verification	n of hours. Hours must be verifie	d by an employer.	
I HEREBY CERTIFY THE ABOVE TIMES AND DATI DURING THE APPLICANT'S EMPLOYMENT AND T			RK PERFORMEI
Employer Name (Print) (Note: Applicant cannot verify their own hours)	Signature of Employer	Date	

#### **VERIFICATION OF LICENSURE**

## THIS IS NOT A CREDENTIAL 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 t	•

I am applying for a license to pract	ice as an ELECTRICIAN	in the State of Montana. The STATE
professional/occupational license.	This is your authority to release a	tate wherein I hold or ever have held a any information in your files, favorable or <b>D. BOX 200513, 301 SOUTH PARK</b> ciated.
	Name:	
(Signature)	Name: (Please	orint)
Address:		
My License Number is:	License Type:	ntice / Residential / Journeyman / Master / Contractor
	ION TO BE COMPLETED BY AN	OFFICIAL OF THE STATE BOARD AND
State of:		
Full Name of Licensee:		
License No.	Issue Date:	
Obtained by examination: Yes	No Examination score:	(Montana requires 75% or greater)
License is current?	If NO, explain	
Has license been suspended, revo	oked, placed on probation or other	wise disciplined?
If YES, explain and attach docume	entation	
Has licensee ever been requested	to appear before your Board?	
If YES, explain		
Derogatory information, if any		
Comments, if any		
	Signed:	
BOARD SEAL	itte:	
	State Board:	Date:



## **SOCIAL SECURITY NUMBER**

Applicants for professional licenses must provide a U.S. Social Security Number (SSN), if they have one, to facilitate child support enforcement, see, 42 USC § 666(a)(13) and § 37-1-307, Mont. Code Ann. The Division is also required to use an SSN to report certain license types to the National Health Care Databank, see, 42 USC § 1320a – 7e and 45 CFR § 60.15. An SSN is not required to receive or renew a license. An applicant for initial application who does not have an SSN must complete the following:

ATTESTATION			
I, Printed, Full Name of Applica	am applying for a cant or Licensee		
Montana license as a			·
I have not been assigned a Social Security Number and am not required to have a Social			
Security Number. If assigned an SSN after the date of this affidavit, I will immediately			
report it to the Department of Labor & Industry or its successor administrator.			
I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.			
Signature		Date	
Applicant Address of Record			_
City	State/Province	Country	Postal Code

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#### CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 restricts professional license eligibility to individuals who qualify based on their citizenship, alien, or immigration status recognized by federal law. See generally, 8 USC § 1621. The Department of Labor & Industry requires all applicants for initial licensure to attest to the following questions under penalty of perjury:

## **ATTESTATION** \_\_\_\_, am applying for a Printed, Full Name of Applicant or Licensee Montana license as a Are you a United States Citizen? YES NO 2. If you answered NO to question 1 above, are you (please check one of the following): A "qualified alien" as defined in 8 USC § 1641. See, 8 USC §1621a (1). A nonimmigrant under the Immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A). A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C). Other – Please provide detailed explanation: I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316. Signature Date Applicant Address of Record

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Country

Postal Code

State/Province

City