



Montana State Electrical Board

PO Box 200513

301 S Park, 4th Floor Helena, MT 59620-0513

Phone: 406-444-5711

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

Licensing Requirements and Application Checklist Residential Electrician

Required documents for applicants with:

<p><u>an active license that does meet substantially equivalent (SE) requirements.</u></p> <ul style="list-style-type: none"><input type="checkbox"/> License verification(s)<input type="checkbox"/> Discipline/Convictions<input type="checkbox"/> \$190 application fee <p>If not SE, you must take our exam.</p>	<p><u>no active license (exam required).</u></p> <ul style="list-style-type: none"><input type="checkbox"/> License verification(s)<input type="checkbox"/> Discipline/Convictions<input type="checkbox"/> \$190 application fee <p>and</p> <ul style="list-style-type: none"><input type="checkbox"/> Experience form <p>or</p> <ul style="list-style-type: none"><input type="checkbox"/> Apprenticeship completion certificate <p>See next page for exam requirements.</p>
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Substantial Equivalency (SE)

For an application to be reviewed for SE, the applicant must have a license in at least one state that is:

- Active
- Unrestricted
- In good standing

To be SE, the other state must require the following at the time of applying in Montana:

- Passage of an electrical exam.

AND one of the following:

- Completion of an approved apprenticeship program in the electrical trade;
- Completion of an appropriate training program conducted by a bona fide union or trade association;
- 4,000 hours of legally obtained practical experience in the wiring for, installing, and repairing of electrical apparatus and equipment for light, heat, and power; or
- Work in the electrical maintenance field for at least 20,000 hours, accompanied by written certification by the applicant's employer that the employer considers the applicant qualified to take the examination for which the applicant is applying and 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.

Licensing and SE requirements are listed in [MCA 37-1-307](#), [MCA 37-68](#), and [ARM 24.141](#).

Notes on required documents:

- License Verifications: Applicants can submit copies of online verification(s). This is required for all licenses ever held, including expired licenses. You can attach these to your online application or email them with your application number to: dlibsdhel@mt.gov
- Discipline/Convictions: Submit documents for any disciplinary actions against a professional license and/or criminal convictions as described in the personal history questions in the application.

Residential Electrician Checklist



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 inside wireman 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. **(Optional) 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 90 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 65 percent or less** are not eligible for a temporary practice permit.
- Subsequent temporary practice permits may be issued at the discretion of the Department.



Checklist of Required Documents to Submit for Application for Residential Electrician by Examination:

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;
- ☐ **One** of the following:
 - ☐ Residential experience verification form providing **8,000 hours** of legally obtained experience;
or
 - ☐ Copy of **Apprenticeship Completion Certificate** showing hours and trade that was completed;
or
 - ☐ Copy of written certification that the applicant has attained **20,000 hours** in the maintenance field by applicant's employer. A minimum of **8,000** of these hours must be practical experience.

Optional Document:

Testing accommodations: Complete the "[Request for Modification of Electrical Exam \(ADA\)](#)" form.

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.

- ☐ \$190 application fee
- ☐ \$50 Temporary work permit for exam candidates (fee is in addition to 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.

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, 4TH FLOOR - Delivery)

P. O. Box 200513

Helena, Montana 59620-0513

(406) 444-6880 FAX (406) 841-2305

E-MAIL: dlibsdhel@mt.govWEBSITE: www.electrician.mt.gov**Residential Electrician Application****Fees:**

\$190.00 Application by exam OR \$190.00 Application by reciprocity or Endorsement

\$50.00 Temporary work permit **for exam candidates** (fee is in addition to application fee)1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. BUSINESS NAME _____

4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS Business Home MALE FEMALE

7. E-MAIL _____

8. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____

11. PROFESSIONAL LICENSES:List all professional licenses you hold or ever have held:

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification	
						Yes	No
						Yes	No
						Yes	No
						<input type="radio"/> Yes	No
						<input type="radio"/> Yes	No
						Yes	No

APPRENTICESHIP INFORMATION:

12. Did you complete an apprenticeship? (Per 37-68-305, MCA) Yes No
If yes, attach apprenticeship completion certificate. (You will not need to submit the Experience Verification Affidavit form with your application.)
13. 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.)

**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:

14. 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 ☐

15. 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 ☐

16. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?

Yes ☐ No ☐

17. 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 ☐

18. Have you ever withdrawn an application for any professional license?

Yes ☐ No ☐

19. 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 ☐

20. 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.

21. 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 ☐

22. 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 23 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.

23. 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 ☐

24. Are you now subject to criminal prosecution or pending criminal charges?

Yes ☐ No ☐

25. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?

Yes ☐ No ☐

26. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?

Yes ☐ No ☐

27. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?

Yes ☐ No ☐

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P. O. Box 200513
(301 S. PARK AVE, 4TH FLOOR – Delivery)
Helena, Montana 59620-0513
(406) 444-6880
dlibsdfhelp@mt.gov www.electrician.mt.gov

RESIDENTIAL EXPERIENCE VERIFICATION AFFIDAVIT

Note: This form is not required if you submit an approved apprenticeship completion certificate.

Each employer must complete this form. Upload the form to your online application or email it to: dlibsdfhelp@mt.gov

**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: _____

Full address: _____

Position held while earning electrical experience:

Trainee Apprentice Journeyman Master Other: _____

Dates of employment: from _____ to _____

Breakdown of legally obtained hours of practical experience per [MCA 37-68-305](#) and [ARM 24.141.515](#):

List the State(s) the hours were obtained in: _____

Residential Hours: _____

Commercial/Industrial/Institutional Hours: _____

Was the applicant in a registered apprenticeship program while under your employment? Yes No

2. Electrical Contractor info:

Name of Electrical Contracting Business who employed the listed applicant

Full address: _____

Phone Number: _____ License Number: _____

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)
(Note: Applicant cannot verify their own hours)

Signature of Employer

Date

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

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 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: _____

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: _____



Montana Department of
LABOR & INDUSTRY
Business Standards Division

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, _____ am applying for a
Printed, Full Name of Applicant 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



Montana Department of LABOR & INDUSTRY

Business Standards Division

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

I _____, am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

1. 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 (2).

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

City State/Province Country Postal Code