

Montana Fire Protection Licensure Program

301 S Park Avenue
PO Box 200513
Helena, MT 59620-0513
Phone: (406) 444-6880 Fax: (406) 841-2305
Email: dlibsdhel@mt.gov
Website: <http://www.fireprotectionlicense.mt.gov/>

APPLICATION PROCEDURES FOR: INDIVIDUAL ENDORSEMENT LICENSE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the department receives a complete application)

In accordance with Section 50-39-101, MCA, a person or entity shall obtain a license before engaging in the business of servicing fire extinguishers or before engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems, or fire extinguishing systems.

The following information is required in order for your application to be processed:

- 1) A complete application containing accurate information and all required information. The information provided must be legible and printed in ink or typewritten.

One of the following criteria must be met for endorsement licensure. Please submit a copy of one of the following with the application:

- A)
 1. Certification of completion of all the NICET work elements provided for under Section 24.144.502(b) A.R.M. or completion of NICET II;
 2. Certificate of completion for the Certified Fire Alarm Technician Level II (CFAT) from the Electronic Security Association's National Training School (fire alarm only).
 - B) Completion of a state approved apprenticeship program with the verification of completion sent to the licensing program at the above address directly from the approving bureau;
 - C) Completion of manufacturer training with the certificate sent to the licensing program at the above address directly from the manufacturer; or
 - D) Currently holds the equivalent endorsement in another jurisdiction provided that the applicant meets or exceeds the qualifications for endorsement in Montana, and verification of endorsement is sent to the licensing program at the above address directly from the other state, territory, or federal government.
- 2) Submit a \$25.00 one-time processing fee plus the following endorsement fee for **each** type of endorsement you are applying for.

Sell Service or Install Fire Alarm Systems:	\$100.00
Sell Service or Install Fire Extinguishing Systems:	\$100.00
Sell Service or Install Special Agent Fire Suppression Systems:	\$100.00

Montana Fire Protection Licensure Program
301 S Park Avenue
PO Box 200513
Helena, MT 59620-0513
Phone: (406) 444-6880 Fax: (406) 841-2305
Email: dlibsdhel@mt.gov
Website: <http://www.fireprotectionlicense.mt.gov/>

APPLICATION FOR:

INDIVIDUAL ENDORSEMENT LICENSE

License Fees: \$100.00 per endorsement application fee

Type of license endorsement applying for (check all that apply):

- Sell, service or install fire alarm systems
- Sell, service or install special agent fire suppression systems
- Sell, service or install fire-extinguishing systems

Please indicate below, and submit one of the following with this application:

- Verification of completion of an approved apprenticeship program directly from the sponsor of the program
- Verification of completion of the work elements of the NICET level II or ESA Certified Fire Alarm Tech LvL II (CFAT2)
- Verification of manufacturer training directly from the manufacturer (Cannot be used for Fire-Extinguishing Systems).

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER: _____

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 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: _____

Please indicate your preferred mailing address _____ Residential _____ Business

Applicant Residential Information

Phone _____
Address _____
City, State _____
Zip Code _____

Applicant Employer Information (licensed business entity)

Business Name _____
Phone _____
Address _____
City, State, Zip Code _____
License Number: _____

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. 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.
2. 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.
3. 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

(Circle Yes or No)

- | | | |
|---|-----|----|
| 1. 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 |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | YES | NO |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | YES | NO |
| 4. 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 |
| 5. Have you ever withdrawn an application for any professional license? | YES | NO |
| 6. 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 |
| 7. 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.

- | | | |
|--|-----|----|
| 8. 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 |
| 9. 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 10 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.

- | | |
|---|----------|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or “juvenile convicted as an adult” in any state, federal, tribal, or foreign jurisdiction? | YES NO |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | YES NO |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | YES NO |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | YES NO |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | YES NO |

List licenses from other jurisdictions:

State/Province/Territory	License Number	Date Issued	Is it Current	Class/Type License

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 Montana Board of Fire Prevention Licensing.

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 am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Date

Printed Name of Applicant



STATE OF MONTANA FIRE PROTECTION LICENSE PROGRAM

REQUEST FOR EXEMPTION FROM SOCIAL SECURITY NUMBER REQUIREMENT ONLY USE IF YOU DO NOT HAVE A SSN ISSUED TO YOU

Montana Code Annotated 37-1-307 requires applicants for a Montana professional or occupational practice license to provide a United States Social Security Number (SSN). However, pursuant to Policy Interpretation Question (PIQ) number 99-05 issued by the U.S. Dept. of Health and Human Services in 1999, the State of Montana, Department of Labor & Industry, Business Standards Division (BSD) may issue a license to an applicant who does not have a SSN *if the applicant submits this form truthfully attesting that he or she has not been assigned a SSN*. If a person (who has been issued a Montana practice license without a SSN) is later assigned a SSN, the person must report the SSN to the licensing board or program within BSD as a prior condition for renewal of licensure. If a person has already been issued a Montana practice license without having submitted a SSN or this affidavit at the time of original application, the person will be required to provide a SSN or this affidavit as a prior condition of renewal. All persons who do not have a SSN and who are applying for a new practice license from BSD or renewing an existing practice license must have filed a copy of this form with the BSD licensing board or program. The form need only be filed once for each license.

THIS FORM MAY ONLY BE USED FOR PERSONS/APPLICANTS/LICENSEES WHO DO NOT HAVE A SOCIAL SECURITY NUMBER. If such a person has ever been issued a SSN, the person **MUST** provide it as a condition of licensing. A practice license will not be renewed or issued to a person who refuses to provide their SSN.

ATTESTATION

I _____, am applying for a Montana license as a
(Printed, Full Name of Applicant or Licensee)

_____ 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.

Signature: _____ **Date:** _____

Updated 9-18-19