



Montana Board of Plumbers

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

Email: dlibsdlhelp@mt.gov Website: www.plumber.mt.gov

Licensing Requirements and Application Checklist Master Plumber by Examination

License Requirements for Master Plumber License:

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

1. Written affirmation from a licensed master plumber(s) or a licensed plumbing contractor(s) by whom the applicant was employed certifying by detailed description of the applicant's plumbing experience, that the applicant meets the qualifications set by [37-69-305, MCA](#). **NOTE:** Practice in the fields of steam fitting, hydronics, and industrial piping will not be considered as acceptable experience in the field of plumbing for the master license experience requirement. [[37-69-305, MCA](#), [37-69-306, MCA](#)]

- a. evidence of 4 years of experience as a licensed journeyman plumber in the field of plumbing, verified by time or pay records of actual plumbing experience;
- b. evidence of 3 years of experience working with a licensed master plumber or in a supervisory capacity in the field of plumbing, which may run concurrently with the requirement in (a); and

2. Exams: Once the application has been approved, pass the **Written examination** prescribed by the board. [[37-69-305, MCA](#), [37-69-306, MCA](#), [ARM 24.180.407](#)]

- *1 year of experience is 1,500 hours or more of work in a continuous 12-month period.* [[37-69-305, MCA](#)]
- *A master plumber may not allow the master plumber's license to be used by any person or firm, corporation, or business other than the master plumber's own for the purpose of obtaining permits or for doing plumbing work under the license.* [[37-69-305, MCA](#)]

3. (OUT OF STATE APPLICANTS): [[ARM 24.180.604](#), [37-1-304, MCA](#)]

a. Out-of-state applicants for a master or journeyman plumber's license may provide proof of prior licensing in another state by submitting a copy or copies of the license(s) held along with a certified letter of verification from the state or local licensing agency stating date of licensure and requirements for licensure. If the qualifications from the state of original licensure are not equivalent to Montana's, the applicant will receive credit for the years required by the original state, but will need to provide the additional year's documentation as required by (b).

b. Applicants from states with no journeyman or master licensing shall provide a notarized statement or letter from a qualified individual(s) acceptable to the board, with direct knowledge of the applicant's qualitative and quantitative plumbing experience equivalent to **five years for the journeyman license** and **nine years for the master license**.

4. Temporary Practice Permits:

- a. An applicant for journeyman or master plumber license shall be issued a temporary practice permit to perform only journeyman plumber functions upon approval of the applicant to take the examination for the licensure sought and upon receipt of the appropriate fees. Master applicants holding temporary practice permits may not perform plumbing functions requiring a master plumber license.
- b. A temporary practice permit terminates 110 days after issuance, or upon the applicant's fourth failure of the written examination, or upon the applicant's failure of the practical examination with a score of less than 65 percent, whichever occurs first.
- c. A second temporary practice permit will be issued to an applicant who scores between 65 and 69 percent on the practical examination or, in the board's discretion, to an applicant unable to take the practical examination for which the applicant is scheduled due to a documented hardship. [[ARM 24.180.607](#)]

Checklist of Required Documents to Submit for a Master Plumber 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;
- ☐ Master experience verification form providing **4 years (Minimum of 6000 hours)** of legally obtained experience in the field of plumbing as Journeyman level plumber or higher of which, 3 of those years working with a licensed master plumber or in a supervisory capacity.

Or

Master experience verification form providing **nine years** of legally obtained experience in the field of plumbing (Out of state applicants only)

Application Fee(s) for Master Plumber 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.

- ☐ \$380 – Application fee
- ☐ \$100 – Temporary Journeyman work permit for exam candidates (fee is in addition to application fee)

You can apply for a license online at <https://ebiz.mt.gov/POL/> . 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 BOARD OF PLUMBERS
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.gov
WEBSITE: www.plumber.mt.gov

MASTER PLUMBER

GENERAL INFORMATION

- Illegible and incomplete applications will be returned.
- Complete and routine applications will be processed within 30 days.
- Applications deemed non-routine need to be submitted and complete 15 days prior to the Board meeting.
- A "Master Plumber" is not permitted to practice in Montana in any manner without an active Montana Master License or a temporary Journeyman work permit.
- Please review the Montana laws and rules regarding the practice of "Plumbing" in Montana.

LICENSE REQUIREMENTS

A. Experience Requirements:

MASTER: A specific record of 4 years' and 6,000 hours of experience as a licensed journeyman plumber in the field of plumbing. 3 years' experience working with a licensed master plumber, or in a supervisory capacity in the field of plumbing, which may run concurrently with the 4 years' experience as a licensed journeyman plumber.

Applicants from states with no journeyman or master licensing shall provide a notarized statement or letter from a qualified individual(s) acceptable to the board, with direct knowledge of the applicant's qualitative and quantitative plumbing experience equivalent to **five years for the journeyman license** and **nine years for the master license**.

B. Examination Information:

Successful completion of the master written examination in Montana with a grade of 70% or better.

FEES

Application Fee: \$380.00

Temporary work permit (fee is in addition to application fee): \$100.

Make check or money order payable to the Board of Plumbers

(Note: ALL FEES ARE NON-REFUNDABLE)

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. Experience Verification Affidavit (page 9)
- B. Verification Of Licensure (page 10)

OUT OF STATE APPLICANTS:

Out-of-state applicants for a master or journeyman plumber's license may provide proof of prior licensing in another state by submitting a copy or copies of the license(s) held along with a certified letter of verification from the state or local licensing agency stating date of licensure and requirements for licensure. If the qualifications from the state of original licensure are not equivalent to Montana's, the applicant will receive credit for the years required by the original state, but will need to provide the additional year's documentation as required by (2).

(2) Applicants from states with no journeyman or master licensing shall provide a notarized statement or letter from a qualified individual(s) acceptable to the board, with direct knowledge of the applicant's qualitative and quantitative plumbing experience equivalent to five years for the journeyman license and nine years for the master license.

EXAMINATIONS:

The Board or a representative of the Board must approve all applications before being allowed to sit for the examination. Applicants will receive notification of their application status within 30 days of receipt of the application.

Master: The Master examination is an open book examination with a 3 hour time limit. A minimum score of 70% is required to pass the written exam. Statutes, Rules and Uniform Plumbing Code book amendments will be provided by the proctor at the examination. The candidates are responsible for bringing their own **2021 Uniform Plumbing Code book. Uniform Plumbing Code books will not be provided at the examination.** Code books will be inspected prior to the examination to ensure they are not tabbed. Code books will also be inspected after the examination to ensure examination information was not written in the book.

RENEWAL LICENSURE INFORMATION:

1. The Board office will mail a renewal notice to the preferred mailing address on file approximately 45 days prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the Board office of address changes may result in applicable late fees. You will be required to have completed 4 hours of continuing education prior to the next renewal cycle. In accordance with ARM 24.180.2102, new licensees are exempt from the requirements during their first renewal cycle. Those licensees changing from journeyman to master plumber are not exempt from completing at least four hours of continuing education. **Licenses expire annually on September 1.**

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.

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WEBSITE: www.plumber.mt.gov

Master Plumber Application

☐ **Temporary Practice Permit:** Check this box if you are requesting a temporary Journeyman license.

_____ # _____
Name of Montana Master Plumber you will be employed by License Number of Master

(This fee is in addition to, and must be received with the application fee.)

Note: 37-69-304(2), MCA, A licensed journeyman plumber may perform work only in the employment of a licensed master plumber.

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 Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

6. PREFERRED MAILING ADDRESS ☐ Business ☐ Home

7. E-MAIL _____

8. TELEPHONE _____
Business Home Fax

9. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

10. DATE OF BIRTH _____ PLACE OF BIRTH _____
City / State

☐ MALE
☐ FEMALE

11. PROFESSIONAL LICENSES:

List all professional licenses you hold or ever have held. License verification must be sent directly to Montana from each state/province/territory.

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

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 Board of Plumbers.

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

MONTANA BOARD OF PLUMBERS
MASTER EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form.
This form must be returned to the Board of Plumbers before the application will be reviewed.

1. Name of Applicant: _____

LAST FIRST MI

2. Applicant Address: _____

CITY STATE ZIP

3. Please complete the experience section below. Each **Position Title** should be represented by Journeyman or Master plumber.

Dates From	Dates To	Position Title	Description of Plumbing Duties and Work	Total Hours

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:

PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER

5. Address of Employer: _____

CITY STATE ZIP

6. Telephone of Employer: () _____ () _____
PHONE FAX

7. **THIS BOX IS FOR MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

Dates From	Dates To	Description of Plumbing Work* (Master Applicants)	Total Hours

*ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

Legal Signature of Licensed Master Plumber or Contractor Making Statement

(Note: Applicant cannot verify their own hours)

Date _____

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT 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 A PLUMBER**. 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 PLUMBING in the State of Montana. The Board of PLUMBERS 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 **BOARD OF PLUMBERS, PO BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

License No. _____ License Type: _____
Apprentice / Journeyman / Master

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA BOARD OF PLUMBERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____ Expiration Date: _____

License is current? _____ If NO, explain _____

Obtained by examination: ☐ Yes ☐ No Examination score: _____

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 _____

Hours required for licensure _____

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