

State of Montana  
**STATE ELECTRICAL BOARD**

301 South Park Ave  
PO Box 200513  
Helena MT 59620  
(406) 841-2339 or (406) 841-2329  
Email: [dlibsdele@mt.gov](mailto:dlibsdele@mt.gov)  
[www.electrician.mt.gov](http://www.electrician.mt.gov)

**ELECTRICAL CONTRACTOR RENEWAL APPLICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LICENSE #:

Your Montana Electrical Contractor license will expire on July 15.

Fee: \$165.00

In order to renew your Electrical Contractor license for the next two years:

1. Complete the renewal application
2. Answer the disciplinary question at the bottom of the form.
3. Submit proof of compliance with Montana Workers Compensation Coverage or an Exemption.
4. Submit proof of compliance of Montana Unemployment Insurance or an Independent Contractors Exemption.  
Unemployment Insurance (406) 444-3834 Independent Contractor Exemption (406) 444-1446
5. Submit Acknowledgement of Responsibility Form completed by the responsible electrician licensed by the State of Montana. Forms available at [www.electrician.mt.gov](http://www.electrician.mt.gov)
6. Submit a check or money order in the amount indicated above, made payable to the State Electrical Board. Do not send cash.
7. Return the renewal application, required forms, and fee to the Board office by July 15.

Checklist for renewal:

Insurance requirements:

\_\_\_ Proof of Montana Workers Compensation Coverage or Exemption

\_\_\_ Proof of Montana Unemployment Insurance or Exemption

Or;

\_\_\_ Montana Independent Contractor Exemption Certificate

General:

\_\_\_ Application completed and signed

\_\_\_ Acknowledgement of Responsibility Form

\_\_\_ Renewal Fee

\_\_\_ Answer the disciplinary question listed below

Yes \_\_\_ No \_\_\_ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of you license.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DO NOT SEND CASH