

## MONTANA BOARD OF PLUMBERS

301 South Park Avenue  
PO Box 200513  
Helena Montana 59620-0513  
Phone: 406-841-2377 Fax: 406-841-2309  
E-MAIL: [dlibsdpplu@mt.gov](mailto:dlibsdpplu@mt.gov)  
WEBSITE: <http://www.plumber.mt.gov/>

### APPLICATION PROCEDURES FOR:

## MONTANA PLUMBING LICENSURE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 14 days for processing from the date that the Board has a complete routine application)

### GENERAL INFORMATION:

1. Applications will not be processed without the application fee included.
2. Written notification will be sent to the preferred mailing address within 14 days of receipt of the application.
3. Licensees are required to know and adhere to the laws and rules pertaining to the Montana Board of Plumbers. You may find the current Statutes and Rules on our website at [www.plumber.mt.gov](http://www.plumber.mt.gov).

### LICENSE REQUIREMENTS:

**JOURNEYMAN:** A specific record of 5 years' and 7500 aggregate hours of experience in the field of plumbing, or completion of an apprenticeship program meeting the standards set by the Montana Apprenticeship and Training Bureau, or the United States Department of Labor, Bureau of Apprenticeship.

**MASTER:** A specific record of 4 years' experience as a licensed journeyman plumber in the field of plumbing, with 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.

### FEES:

Application Fee	\$60.00
Reciprocity Fee	\$250.00
Temporary Permit	\$100.00 (Must include application fees)

### LICENSE FEES: (YOU WILL BE NOTIFIED IN WRITING WHEN TO PAY YOUR LICENSE FEE)

Journeyman License	\$150.00
Master License	\$250.00

## **APPLICATION METHODS:**

If your application is considered non-routine, the board may require review of your application at their next regularly scheduled meeting that occurs four times a year. What may cause your application to be non-routine:

(13) "**Non-routine application**" means an application submitted to the division in which the application is defined as non-routine either by the specific licensing entity's rules or by these rules. In conflicts between the specific licensing entity's rules and these rules, the specific licensing entity's rules govern.

(a) A non-routine application means that the applicant has one or more of the following:

- (i) has pending or completed disciplinary action in this state, or pending or completed disciplinary action in another state, territory, or jurisdiction;
- (ii) is restricted by the terms and conditions of a final order in a disciplinary matter;
- (iii) is required to submit materials that require professional evaluation by another licensee or licensing entity;
- (iv) has loss of documentation due to natural disaster or national emergency

## **RECIPROCITY:**

Montana has reciprocal agreements with **Oregon, Idaho, North Dakota** and **South Dakota** for Journeyman licensure ONLY. Applicants must have taken and passed the examination from the state they are reciprocating from. The license must be active and may not have any complaints filed against it. The application must include a license verification from the state agency in which they obtained their license. A license **WILL NOT** be issued without the license verification letter. Applicants that do not qualify for reciprocity will be required to sit for the examination.

## **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 14 days of receipt of the application.

**Journeyman:** The Journeyman exam is broken into two parts, written and practical. The written examination is closed book and limited to 2 ½ hours. The practical examination includes the hands-on portion consisting of two parts, isometric drawings and a pressure loop that is limited to 4 hours. A minimum score of 70% is required to pass the written and a minimum of 70% is required to pass the practical. Each part (written and practical) will be graded separately.

**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 current 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 2 months 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. **Licenses expire annually on September 1.**

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Helena MT 59620 - 0513

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Website: <http://www.plumber.mt.gov/>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

APPLICATION FOR (Check One Only):

**Master Plumber**

**Journeyman Plumber**

APPLICATION BY (Check One Only):

**Examination**

**Reciprocity (Journeyman only)**

**Temporary License:**

**Check this box if you are requesting a temporary 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.**

Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please indicate your preferred mailing address: \_\_\_\_ Home \_\_\_\_ Business

Residential Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business (Present Employer) Information

Phone \_\_\_\_\_

fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Name \_\_\_\_\_

**All applicants must answer the following questions.**

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- |    |  |    |                          |                          |
|----|--|----|--------------------------|--------------------------|
| 1. | Have you ever previously applied for a license to practice in Montana? If yes, give date, and results.   | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document.   | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you ever withdrawn an application for licensure? If yes, please give the state and reasons for withdrawal.  | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.  | 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.  | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 <sup>th</sup> birthday. If yes please attach a detailed explanation.                               | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.  | 8. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation.  | 9. | <input type="checkbox"/> | <input type="checkbox"/> |





**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 \_\_\_\_\_ in the State of Montana. The Board of \_\_\_\_\_ 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, 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: \_\_\_\_\_

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

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Score: \_\_\_\_\_

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 \_\_\_\_\_

If not a reciprocal State with Montana, what are requirements for licensure: Apprenticeship Yes or No  
Number of Hours (or Years) for Journeyman \_\_\_\_\_  
Numbers of Hours (or Years) for Master \_\_\_\_\_

**BOARD SEAL**

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
State Board: \_\_\_\_\_ 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 Montana 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 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 Making Statement

\_\_\_\_\_  
Date