

COMMUNITY DEVELOPMENT  
P.O. BOX 5021  
GREAT FALLS, MT 59403-5021  
(406) 455-8414  
FAX 406-454-3181



**INDIVIDUAL LICENSE APPLICATION**

**PLEASE RETURN THIS FORM WITH THE COMPLETED INFORMATION TO:**  
**CITY OF GREAT FALLS LICENSING DEPARTMENT**  
**COMMUNITY DEVELOPMENT**  
**P.O. BOX 5021**  
**GREAT FALLS, MT 59403**

Applicant's Name \_\_\_\_\_

First Name

Initial

Last Name

Applicant's Address \_\_\_\_\_

Applicant's City \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Company Applicant is Employed By \_\_\_\_\_

**PLEASE INCLUDE COPIES OF CURRENT STATE OF MONTANA LICENSES.**

Current State of Montana Journeyman License Number \_\_\_\_\_

Current State of Montana Masters License Number \_\_\_\_\_

**TYPE OF LICENSE:**

**FEE: \$15.00**

**TESTING FEE: \$5.00 (if applicable)**

**(APPRENTICES MUST REGISTER BUT ARE EXEMPT FROM FEE)**

\_\_\_\_ Apprentice Electrician      \_\_\_\_\_ Apprentice Plumber      \_\_\_\_\_ Apprentice Sign Electrician

\_\_\_\_ Journeyman Plumber      \_\_\_\_\_ Master Plumber      \_\_\_\_\_ Combined Gas-Plumber

\_\_\_\_ Gas Fitter      \_\_\_\_\_ Medical Gas      \_\_\_\_\_ Journeyman Electrician

\_\_\_\_ Master Electrician      \_\_\_\_\_ Individual Sign Non-Electrical

\_\_\_\_ Sign Electrician Journeyman – Testing \$50.00 (yearly renewal \$15.00)