MONTANA DEPARTMENT OF LABOR & INDUSTRY LICENSE VERIFICATION REQUEST

Official verification reports are provided to a state licensing board or jurisdiction directly and are not issued to the licensee. A fee of $20 must accompany this request. Once received, the verification will be completed within 5 business days. Please complete the following:

LICENSING BOARD OR PROGRAM VERIFICATION IS REQUESTED FROM:

BOARD OR PROGRAM

LICENSE NUMBER _____

LICENSE TYPE _____

(ARCHITECT, ELECTRICIAN, COSMETOLOGIST, ETC)

DATE OF BIRTH _____

PREFFERED MAILING ADDRESS:_____

CITY_____ STATE _____ ZIP CODE _____

SEND COMPLETED VERIFICATION TO:

STATE OR JURISDICTION: _____

ADDRESS: _____

CITY_____ STATE _____ ZIP CODE _____

Please mail completed request with $20 fee made out to the appropriate board or licensing program to:

PO BOX 200513
HELENA MT 59620

SIGNED BY: _____ CURRENT DATE: