



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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 (406) 444-0169 (TTY)
 opi.mt.gov

Out of State Licensure History

Applicant Information (To completed by the Applicant):

Last Name:	First Name:	MI:
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Mailing Address:

City:	State:	Zip Code:
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Last Four Digits of SSN:	Birth Date:	Former Name(s):
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Remainder of this form to be completed & signed by the appropriate Licensure official from the State Department of Education. If the licensure history is too complex to enter below, please sign this form and attach additional documentation.
 Licensure Official: Return the completed form to OPI Licensure Division by one of the following methods:
 1) fax to 406-444-0743 2) send encrypted email to cert@mt.gov 3) mail original documents to above address

License Number	Type and Areas	Period of Validity

To be signed by the appropriate Licensure Official

Signature:	Date:
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Printed Name and Title:	Phone Number:
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Email Address:	Issuing State:
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Please call the Montana Educator Licensure Division with any questions regarding the completion of this form. (406)444-3150