INDIVIDUAL GAS FITTER APPLICATION

CITY OF GREAT FALLS
COMMUNITY DEVELOPMENT DEPARTMENT
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.gov

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL ADDRESS _____

COMPANY APPLICANT IS EMPLOYED BY _____

NAME OF COMPANIES CURRENT GAS FITTER _____ ☐ N/A (IF NONE)

FEE SCHEDULE

$20.00 TESTING FEE (MUST BE PAID PRIOR TO TESTING)
$15.00 LICENSE FEE ANNUALLY

CERTIFICATION

By signing this document, I understand that the fee for this Application is not refundable. Further, I certify that the above information and any other information or documentation submitted with this Application are true and correct. If my Application is approved, I agree to abide by all State and local requirements when providing services within the City of Great Falls.

_____ _____
SIGNATURE **DATE**

This section completed by City Staff:

Reviewed by: ☐ APPROVED

Date: ☐ NOT APPROVED, addition information required:

VERIFICATION NUMBER: _____

Updated 3/2026