



MONTANA DEPARTMENT OF
AGRICULTURE

**OPERATOR LICENSE APPLICATION
MONTANA PESTICIDE PROGRAM**

**FOR OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE**

Date received _____
Amount Rec'd _____
Ck. or M.O. No. _____
Collection Rep. _____
Collection Date _____
Split _____

FOR CURRENT LICENSING YEAR ENDING DECEMBER 31

APPLICATOR'S NAME _____
First Middle Initial Last

DBA _____ **TELEPHONE** _____
Firm or Store Name Phone Number

BUSINESS LOCATION _____
Street Address City County State Zip

MAILING ADDRESS _____
Street Address City County State Zip

APPLICATOR'S LICENSE NO. _____

Each year, the first 2 operator license cards purchased cost \$25 each and additional cards are \$10 each.

LIST OPERATORS:

| | |
|-----------------|------------------|
| 1) _____ (\$25) | 8) _____ (\$10) |
| 2) _____ (\$25) | 9) _____ (\$10) |
| 3) _____ (\$10) | 10) _____ (\$10) |
| 4) _____ (\$10) | 11) _____ (\$10) |
| 5) _____ (\$10) | 12) _____ (\$10) |
| 6) _____ (\$10) | 13) _____ (\$10) |
| 7) _____ (\$10) | 14) _____ (\$10) |

I hereby certify that the information on this application is true and correct and agree to comply with all provisions of the Pesticides Act, Title 80, Chapter 8, Parts 1, 2 and 3 and rules adopted thereunder. I further certify that the operators listed have been trained according to Subchapter 2, Section 4.10.206 of the rules adopted under the Montana Pesticides Act, Title 80, Chapter 8, Section 80-8-101 through 80-8-306, M.C.A.

Date _____ **Signature** _____

E-mail: pestlicensing@mt.gov **Fax:** (406) 444-9493 **Phone:** (406) 444-4900 **Website:** pesticides.mt.gov

MAIL APPLICATIONS TO: Montana Department of Agriculture
PO Box 200201
Helena MT 59620-0201