



PESTICIDE PROGRAM
APPLICATION FOR
PRIVATE FARM APPLICATOR
SPECIAL USE PERMIT

\$60 (\$12 per year)

Permits expire on December 31st of the 5th year in the certification cycle.

AGENT USE ONLY

When recertifying, provide Applicator's License No.

Table with 3 columns: Circle One, Initial Training, Exam Only

Training # and date or Exam date:

MSU Agent's printed name:

Signature:

Applicant's Name: Phone:

Email Address:

Property Address (Required):

Location address City County Zip code

Mailing Address:

Delivery address City State County Zip code

Check each item being applied for:

AGRICULTURAL PEST CONTROL (Includes Restricted: Insecticides, Herbicides, Fungicides, Rodenticides, etc.)

SODIUM CYANIDE CAPSULES FOR USE IN M-44 DEVICES (Special training & exams are required)

AQUATIC HERBICIDES (Special training & exams are required)

OPTIONAL: I request the Department to issue two (2) Credentials for my family members or employees to purchase and use restricted use pesticides on crops or land I own, lease or rent.

PLEASE PAY: \$12.00 fee for the current year and for each year remaining in your district's 5 year period.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

By signing below, I hereby certify that the information on this application is true and correct, and agree to comply with all provisions of the Montana Pesticides Act, and rules adopted thereunder.

DATE SIGNATURE

MAIL TO: DEPARTMENT OF AGRICULTURE
AGRICULTURAL SCIENCES DIVISION
PO BOX 200201
HELENA, MT 59620-0201

Make checks payable to: Montana Department of Agriculture

Department Office Use Only

Date Received:
Amt. Received:
Ck or MO No:
Deposit ID

Private Prg
Disposal Prg
County ()
MSU