



MONTANA DEPARTMENT OF AGRICULTURE

PESTICIDE LICENSE APPLICATION

APPLICATORS / OPERATORS / DEALERS / FIELD SALESPeOPLE

For annual licensing year ending December 31

APPLICANT INFORMATION:

___ MT License ___ Reciprocal License

Current MT Pesticide License Number _____

Out-of-State Pesticide License Number _____

APPLICANT

First Name

MI

Last Name

Phone Number

Applicant Physical Address

City

County

State

Zip

Applicant Mailing Address

City

County

State

Zip

Preferred Email Address:

Applicant Employer or Business / Agency Name

Phone Number

Business Location Address

City

County

State

Zip

Check only ONE license type. Complete separate applications for each license applied for:

APPLICATOR LICENSE TYPE:

___ Commercial ___ Non-Commercial ___ Public Utility ___ Government

DEALER LICENSE TYPE:

___ Commercial ___ Government

SPECIFIC APPLICATOR CLASSIFICATIONS (Check each desired classification - must first be certified for licensing):

___ 21 Aerial**

___ 30 Agricultural Plant Pest Control

___ 33 Forest Pest Control

___ 36 Aquatic Pest Control

___ 39 Demo & Research Pest Control

___ 42 Livestock Protection Collar

___ 45) School PM

___ 31 Ag Animal Pest Control

___ 34 Ornamental & Turf Pest Control

___ 37 Right of Way Pest Control

___ 40 Ind Inst Struct & Health Related

___ 43 Sodium Cyanide (M-44)

___ 46 Piscicide

___ 42) Ag Vertebrate Pest Control

___ 35 Seed Treatment

___ 38 Public Health Pest Control

___ 41 Wood Treatment

___ 44 Special Utility

___ 56 Other

REGULATORY CLASSIFICATIONS (GOVERNMENT ONLY):

___ 50 Mosquito Abatement

___ 51 Predator

___ 54 Rodent

___ 55 Weed

___ 46 Piscicide

LIST OPERATORS OR FIELD SALESPeOPLE WORKING UNDER THE APPLICANT NAMED ABOVE

DO NOT the include the applicant named above. Please print the full name of each person. Operators are licensed in the same classifications as applicant excluding Sodium Cyanide M-44). Training requirement noted below. *

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

By signing, 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, Title 80, Chapter 8, Parts 1, 2, 3 and 4 and rules adopted thereunder.

* I further certify that the **operators listed above** 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.

** Individuals applying for a license **for aerial application of pesticides** are certifying that they meet all Federal Aviation Administration requirements for aerial applicators.

Date: _____

Signature: _____

ANNUAL LICENSING FEES

1. Pesticide Applicator and Dealer License Fees:

A. Commercial, Non-Commercial, and Public Utility Applicator & Dealer licenses

New and renewed licenses = **\$85** each

B. Governmental Applicator and Governmental Dealer licenses*

First **4** licenses, new or renewed, per agency = **\$70** each

Additional licenses, new or renewed, per agency = **\$15** each

Agencies are not required to pay more than **\$895** each in licensing fees per year

*Applicants licensing for Federal or Tribal agencies are exempt from all licensing fees

2. Operator Fees DO NOT list Applicator as an Operator):

Note: This fee does not apply to a Dealer license

First **2** Operators added each year = **\$25** each, per license

Additional Operators added each year = **\$10** each, per license

Field Salespeople listed on a Dealer license = no cost

3. Renewal Late Fees:

Renewals postmarked **after March 1st**, add **\$25** to the cost of the license

(Late fees do not apply to new licenses)

All fees must be paid in full. Total fees in rows 1, 2, and 3. Refer to schedule above.

1	Pesticide Applicator License fees and Dealer License fees	\$
2	Operator fees	\$
3	Late fees - Applies to late renewals ONLY	\$
	Total	\$

RENEWAL REQUIREMENTS CHECKLIST TO OBTAIN A LICENSE:

- ☐ Must be certified in each license classification checked (CE's or Examination or Reciprocity)
- ☐ Commercial applicators must have valid up-to-date proof of insurance on file
- ☐ Non-residents must include a copy of your pesticide license (front/back) from your state of residence and a letter of good standing from the regulating authority
- ☐ Application must be completed and signed by applicant
- ☐ Fees are to be paid-in-full at time of application

CONTACT INFORMATION:

E-mail: pestlicensing@mt.gov

Phone: **(406) 444-4900**

Web: agr.mt.gov

MAIL APPLICATIONS TO:

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AGRICULTURAL SCIENCES DIVISION
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ELENA MT 59620-0201