



RECIPROCAL PESTICIDE LICENSE APPLICATION

APPLICANT INFORMATION

Applicator Name:			
First	MI	Last	
Mailing Address:			
City:	County:	State:	Zip:
Email Address:		Phone: () -	

EMPLOYER INFORMATION

Employer or Business/Agency Name:			
Mailing Address:			
City:	County:	State:	Zip:
Location Address:			
City:	County:	State:	Zip:

CHECK ALL MONTANA CATEGORIES FOR WHICH YOU ARE REQUESTING RECIPROCITY:

<input type="checkbox"/> Dealer
<input type="checkbox"/> (21) Aerial
<input type="checkbox"/> (30) Agricultural Plant Pest Control
<input type="checkbox"/> (31) Ag Animal Pest Control
<input type="checkbox"/> (32) Ag Vertebrate Pest Control
<input type="checkbox"/> (33) Forest Pest Control
<input type="checkbox"/> (34) Ornamental & Turf Pest Control
<input type="checkbox"/> (35) Seed Treatment
<input type="checkbox"/> (36) Aquatic Pest Control
<input type="checkbox"/> (37) Right of Way Pest Control
<input type="checkbox"/> (38) Public Health Pest Control
<input type="checkbox"/> (39) Demo & Research Pest Control
<input type="checkbox"/> (40) Ind Inst Struct & Health Related
<input type="checkbox"/> (41) Wood Treatment
<input type="checkbox"/> (42) Livestock Protection Collar
<input type="checkbox"/> (43) Sodium Cyanide (M-44)
<input type="checkbox"/> (44) Special Utility
<input type="checkbox"/> (45) School IPM
Regulatory Classifications:
<input type="checkbox"/> (46) Piscicide
<input type="checkbox"/> (50) Mosquito Abatement
<input type="checkbox"/> (52) Predator
<input type="checkbox"/> (54) Rodent
<input type="checkbox"/> (55) Weed

DISTRICT YOU WILL BE PRIMARILY WORKING IN (only select one):

<input type="checkbox"/> District 1: <i>Anaconda-Deer Lodge, Granite, Mineral, Missoula, Powell, Ravalli and Butte-Silver Bow Counties</i>
<input type="checkbox"/> District 2: <i>Beaverhead, Fergus, Gallatin, Judith Basin, Madison, Park, Sweet Grass & Wheatland Counties</i>
<input type="checkbox"/> District 3: <i>Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton & Toole Counties</i>
<input type="checkbox"/> District 4: <i>Blaine, Daniels, Dawson, Garfield, McCone, Petroleum, Phillips, Prairie, Richland, Roosevelt, Sheridan, Valley, and Wibaux Counties</i>
<input type="checkbox"/> District 5: <i>Big Horn, Carbon, Carter, Custer, Fallon, Golden Valley, Musselshell, Powder River, Rosebud, Stillwater, Treasure, and Yellowstone Counties</i>
<input type="checkbox"/> District 6: <i>Broadwater, Jefferson, Lewis and Clark and Meagher</i>
<input type="checkbox"/> District 7: <i>Flathead, Lake, Lincoln, and Sanders Counties</i>

LICENSE	TYPE REQUESTED	
1	Commercial Applicator (\$85)	\$
2	Commercial Dealer (\$85)	\$
3	Non-Commercial Applicator (\$85)	\$
4	Government Applicator (\$70)	\$
5	Government Dealer (\$70)	\$
6	Operator Fees (see back page)	\$
TOTAL AMOUNT DUE:		\$

<p>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 there under.</p> <p>* I further certify that the operators listed on the back page 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.</p> <p>** Individuals applying for a license for aerial application of pesticides are certifying that they meet all Federal Aviation Administration requirements for aerial applicators.</p> <p>Date: _____ Signature: _____</p>
--

LIST OPERATORS OR FIELD SALESPeOPLE (DEALERS ONLY) WORKING UNDER THE APPLICANT NAMED ABOVE

DO NOT 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 above. *

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

RECIPROCAL LICENSE APPLICATION CHECKLIST:

- ☐ Complete and signed application
 - ☐ Fees for total amount due
 - ☐ Copy of your current license from your state of residence
 - ☐ Letter of Good Standing for your state's pesticide regulatory department.
 - ☐ Successfully pass Montana Out of State exam prior to submitting application.

ANNUAL LICENSING FEES:**Pesticide Applicator and Dealer License Fees:**

- 1) Commercial, Non-Commercial & Public Utility Applicator & Dealer Licenses - \$85 Each
- 2) Government Applicator & Dealer Licenses - \$70 Each
 - a) First 4 licenses per agency, \$70 each
 - b) Additional licenses per agency, \$15 each
 - c) Max of \$895 per agency per year
- 3) Operator Fees (DO NOT list Applicator as an Operator)
 - a) First 2 Operators each year - \$25 each, per license
 - b) Additional Operators each year - \$10 each, per license
 - c) Salespeople listed on a Dealer license – No Cost

MAIL APPLICATIONS TO:

Montana Department of Agriculture
302 N Roberts St
Helena, MT 59601

CONTACT INFORMATION:

Phone: (406) 444-4900
Email: pestlicensing@mt.gov
Web: pesticides.mt.gov