

OPERATOR LICENSE APPLICATION
MONTANA DEPARTMENT OF AGRICULTURE
PESTICIDE PROGRAM
FOR CURRENT LICENSING YEAR ENDING DECEMBER 31

**APPLICATOR'S
NAME**

_____ **LICENSE NO.** _____
First Last

**MAILING
ADDRESS**

_____ Mailing Address City State Zip

BUSINESS

_____ **TELEPHONE** _____
Agency or Business Name Phone Number

**BUSINESS
LOCATION**

_____ Street Address City State Zip

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

OPERATOR NAMES:

- | | |
|---------------|----------------|
| 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 _____ **Applicator's Signature** _____

E-mail: dreimer2@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

PAYMENT METHOD:
