



APPLICANT INFORMATION:

First Name	MI	Last Name	Applicant Employer or Business / Agency Name	
Applicant Mailing Address			City	County State Zip
Preferred Email Address:			Phone Number	
Phone Number			Business Physical Address	

APPLICATOR LICENSE TYPE:

☐ Commercial ☐ Non-Commercial ☐ Public Utility ☐ Government

DEALER LICENSE:

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

- | | | |
|--|--|--|
| <input type="checkbox"/> (0) Dealer | <input type="checkbox"/> (10) Demonstration & Research | <input type="checkbox"/> (20) Regulatory Pest Control: |
| <input type="checkbox"/> (1) Ag Plant Pest Control | <input type="checkbox"/> (11) Wood Products Pest Control | Select at least one subclassification: |
| <input type="checkbox"/> (2) Forest Pest Control | <input type="checkbox"/> (12) Livestock Protection Collar (1080) | <input type="checkbox"/> Piscicide |
| <input type="checkbox"/> (3) Ornamental & Turf Pest Control | <input type="checkbox"/> (13) Sodium Cyanide (M44) | <input type="checkbox"/> Mosquito Abatement |
| <input type="checkbox"/> (4) Seed treatment | <input type="checkbox"/> (14) Special Utility | <input type="checkbox"/> Predator |
| <input type="checkbox"/> (5) Aquatic Pest Control | <input type="checkbox"/> (15) School Pest Control | <input type="checkbox"/> Rodent |
| <input type="checkbox"/> (6) Right of Way Pest Control | <input type="checkbox"/> (16) Ag Animal Pest Control | <input type="checkbox"/> Weed |
| <input type="checkbox"/> (7) Industrial Institutional Structural
& Health Related | <input type="checkbox"/> (17) Ag Vertebrate Pest Control | <input type="checkbox"/> Quarantine |
| <input type="checkbox"/> (8) Public Health Pest Control | <input type="checkbox"/> (18) Aerial | <input type="checkbox"/> (21) Sewer Treatment |
| <input type="checkbox"/> (9) Non-Soil Fumigation | <input type="checkbox"/> (19) Piscicide | <input type="checkbox"/> (22) Animal Contraceptive Control |
| | | <input type="checkbox"/> (23) Biocide Treatment |
| | | <input type="checkbox"/> (24) Other |

LIST OPERATORS OR FIELD SALESPeOPLE 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 the 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.

** 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:

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

** Dealer & Applicator licenses are separate fees*

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

New/renewing: **\$85** each

B. Governmental Applicator & Dealer licenses*

First **4** licenses, new/renewed, per agency: **\$70** each

Additional licenses, new/renewed, per agency: **\$15** each

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

2. Operator Fees / Sales People:

**DO NOT list Applicator as an Operator on their own Application*

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

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

Note: This fee does not apply to a Dealer license

3. Renewal Late Fees:

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

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
- ☐ Fees are to be paid in full at time of application completion
- ☐ Application must be completed and signed by applicant
- ☐ 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

Contact Information:

E-mail: pestlicensing@mt.gov

Phone: **(406) 444-3691**

Web: agr.mt.gov

Mail Applications to:

MONTANA DEPARTMENT OF AGRICULTURE
AGRICULTURAL SCIENCES DIVISION
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HELENA MT 59620-0201