



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 \_\_\_\_\_

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):**

- |  |                                      |  |
|--|--------------------------------------|--|
| ___ (0) Dealer   | ___ (10) Demonstration & Research    | ___ (20) Mosquito Abatement                  |
| ___ (1) Ag Plant Pest Control                                | ___ (11) Wood Products Pest Control  | ___ (21) Predator                            |
| ___ (2) Forest Pest Control                                  | ___ (12) Livestock Protection Collar | ___ (22) Rodent                              |
| ___ (3) Ornamental & Turf Pest Control                       | ___ (13) Sodium Cyanide (M44)        | ___ (23) Regulatory Weed                     |
| ___ (4) Seed treatment                                       | ___ (14) Special Utility             | ___ (24) Sewer Treatment                     |
| ___ (5) Aquatic Pest Control                                 | ___ (15) School Pest Control         | ___ (25) Animal Contraceptive Control        |
| ___ (6) Right of Way Pest Control                            | ___ (16) Ag Animal Pest Control      | ___ (26) Biocide Treatment                   |
| ___ (7) Industrial Institutional Structural & Health Related | ___ (17) Ag Vertebrate Pest Control  | ___ (40) Private Agricultural Pest Control   |
| ___ (8) Public Health Pest Control                           | ___ (18) Aerial                      | ___ (41) Private Aquatic Pest Control        |
| ___ (9) Non-Soil Fumigation                                  | ___ (19) Piscicide                   | ___ (42) Private Livestock Protection Collar |
|  |                                      | ___ (43) Private Sodium Cyanide (M44)        |
|  |                                      | ___ (44) Private Non-Soil Fumigation         |
|  |                                      | ___ (45) Private Aerial                      |

**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.

\* 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:**

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

### **2. Operator Fees / Sales People (DO NOT list Applicator as an Operator on their own Application):**

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 Sales people listed on a Dealer license = no cost

### **3. Renewal Late Fees:**

Renewals postmarked **after March 1**, 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.**

<b>1</b>	Pesticide Applicator License fees and Dealer License fees	\$
<b>2</b>	Operator fees	\$
<b>3</b>	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](mailto:pestlicensing@mt.gov)

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

Web: [agr.mt.gov](http://agr.mt.gov)

## **MAIL APPLICATIONS TO:**

MONTANA DEPARTMENT OF AGRICULTURE  
AGRICULTURAL SCIENCES DIVISION  
PO BOX 200201  
HELENA MT 59620-0201