



# 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):**

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

**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	\$
		<b>Total</b> \$

### **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