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# RECIPROCAL PESTICIDE LICENSE APPLICATION

#### APPLICANT INFORMATION Applicator Name: First MI Last Mailing Address: City: State: County: Zip: Phone: ( **Email Address: EMPLOYER INFORMATION** Employer or Business/Agency Name: Mailing Address: City: County: State: Zip: **Location Address:** State: County: Zip: City: **CHECK ALL MONTANA CATEGORIES FOR** DISTRICT YOU WILL BE PRIMARILY WORKING IN (only select one): WHICH YOU ARE REQUESTING RECIPROCITY: ☐ **District 1:** Anaconda-Deer Lodge, Granite, Mineral, Missoula, Powell, Ravalli and Butte-Silver Bow □ Dealer Counties ☐ (21) Aerial ☐ **District 2:** Beaverhead, Fergus, Gallatin, Judith Basin, Madison, Park, Sweet Grass & Wheatland ☐ (30) Agricultural Plant Pest Control Counties ☐ (31) Ag Animal Pest Control ☐ **District 3:** Cascade, Chouteau, Glacier, Hill, Liberty, Pondera, Teton & Toole Counties ☐ (32) Ag Vertebrate Pest Control □ **District 4:** Blaine, Daniels, Dawson, Garfield, McCone, Petroleum, Phillips, Prairie, Richland, Roosevelt, Sheridan, Valley, and Wibaux Counties ☐ (33) Forest Pest Control □ District 5: Big Horn, Carbon, Carter, Custer, Fallon, Golden Valley, Musselshell, Powder River, ☐ (34) Ornamental & Turf Pest Rosebud, Stillwater, Treasure, and Yellowstone Counties Control ☐ **District 6:** Broadwater, Jefferson, Lewis and Clark and Meagher ☐ (35) Seed Treatment ☐ **District 7**: Flathead, Lake, Lincoln, and Sanders Counties ☐ (36) Aquatic Pest Control LICENSE TYPE REQUESTED ☐ (37) Right of Way Pest Control \$ Commercial Applicator (\$85) ☐ (38) Public Health Pest Control \$ Commercial Dealer (\$85) ☐ (39) Demo & Research Pest Control \$ Non-Commercial Applicator (\$85) ☐ (40) Ind Inst Struct & Health Related 4 \$ Government Applicator (\$70) ☐ (41) Wood Treatment \$ Government Dealer (\$70) ☐ (42) Livestock Protection Collar Operator Fees (see back page) \$ ☐ (43) Sodium Cyanide (M-44) TOTAL AMOUNT DUE: ☐ (44) Special Utility ☐ (45) School IPM 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. Regulatory Classifications: ☐ (46) Piscicide \* 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-☐ (50) Mosquito Abatement 8-306, M.C.A. ☐ (52) Predator \*\* Individuals applying for a license for aerial application of pesticides are certifying that they meet all Federal Aviation Administration requirements for aerial applicators. ☐ (54) Rodent

Date:

Signature:

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

DO NOT the 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. \*

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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: <a href="mailto:pestlicensing@mt.gov">pestlicensing@mt.gov</a> Web: <a href="mailto:pestlicensing">pestlicensing@mt.gov</a>