

MONTANA DEPARTMENT OF AGRICULTURE
 PARTICIPANT REGISTRATION FORM
 WASTE PESTICIDE AND METAL PESTICIDE CONTAINER DISPOSAL PROGRAM

NAME:	TELEPHONE:
BUSINESS NAME (If Applicable):	COLLECTION SITE:
MAILING ADDRESS:	LICENSED PESTICIDE APPLICATOR: _____ YES _____ NO
EMAIL ADDRESS:	LICENSE NUMBER: _____

PRODUCT NAME	MANUFACTURER	ACTIVE INGREDIENT(S)	EPA REG. NO (OR) USDA REG.NO.	APPROX. AMOUNT Gal/Lbs/Oz	LIQ	DRY	NO. CONTAINERS, SIZE AND CONTAINER TYPE

MAIL PRE-REGISTRATION TO:
 MT DEPARTMENT OF AGRICULTURE
 WASTE PESTICIDE DISPOSAL PROGRAM
 54 East Larslan Road

QUESTIONS? CALL: MT Dept of Agriculture
 Carli Lofing: 406-465-0531
 Email: clofing@mt.gov
Web site:

Active Ingredients: Use common chemical name if given.

 Container Type Examples:
 Glass, Metal Can, Metal Drum,

Montana Dept of Agriculture
Pesticide Waste Disposal Program
PO Box 200201
Helena, MT 59620-0201

Place Stamp
Here

Montana Dept. of Agriculture
Attn: Carli Lofing
Pesticide Waste Disposal Program
PO Box 1054
Glasgow, MT 59230