



PESTICIDE LICENSE APPLICATION
APPLICATORS / OPERATORS / DEALERS / FIELD SALES PEOPLE

FOR ANNUAL LICENSING YEAR ENDING DECEMBER 31

APPLICANT INFORMATION: ___ MT License ___ Reciprocal License Current MT Pesticide License Number ___
Out-of-State Pesticide License Number ___

Form fields for personal and business information: First Name, MI, Last Name, Phone Number, Applicant Physical Address, City, County, State, Zip, Applicant Mailing Address, Preferred Email Address, Applicant Employer or Business / Agency Name, Business Location Address.

APPLICATOR LICENSE TYPE (check only one):
___ Commercial ___ Non-Commercial ___ Public Utility ___ Government

DEALER LICENSE TYPE (check only one):
___ Commercial ___ Government

SPECIFIC APPLICATOR CLASSIFICATIONS (check each desired – must be certified):

- ___(21) Aerial**
___(30) Agricultural Plant Pest Control ___(31) Ag Animal Pest Control ___(32) Ag Vertebrate Pest Control
___(33) Forest Pest Control ___(34) Ornamental & Turf Pest Control ___(35) Seed Treatment
___(36) Aquatic Pest Control ___(37) Right of Way Pest Control ___(38) Public Health Pest Control
___(39) Demo & Research Pest Control ___(40) Ind Inst Struct & Health Related ___(41) Wood Treatment
___(42) Livestock Protection Collar ___(43) Sodium Cyanide (M-44) ___(44) Special Utility
___(45) School IPM ___(46) Piscicide ___(56) Other

REGULATORY CLASSIFICATIONS (GOVERNMENT ONLY):

- ___(50) Mosquito Abatement ___(51) Predator ___(54) Rodent ___(55) Weed ___(46) Piscicide

LIST OPERATORS OR FIELD SALES PEOPLE 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 applicant excluding Sodium Cyanide (M-44). Training requirement noted below.*

- 1. ___ 6. ___
2. ___ 7. ___
3. ___ 8. ___
4. ___ 9. ___
5. ___ 10. ___

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:

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

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

2. Operator Fees (Do not list Applicators as Operators):

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 1st**, add **\$25** to the cost of the license

(Late fees do not apply to new licenses)

Fees must be paid in full, total all fees 1, 2, 3

1	Pesticide Applicator License fees and Dealer License fees	\$
2	Operator fees	\$
3	Late fees – Renewals only	\$
	Total	\$

OTHER REQUIREMENTS THAT MUST BE MET WHEN APPLYING FOR A LICENSE:

- Must be certified in each license classification checked (CE's or Examination or Reciprocity)
- Commercial applicators must have valid up-to-date Insurance, CD, or Bond on file
- Non-residents must include a copy of your pesticide license from your state of residence
- Application must be completed and signed by applicant
- Fees are to be paid-in-full at time of application

CONTACT INFORMATION:

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MAIL APPLICATIONS TO:

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