



APPLICATION FOR NOXIOUS WEED MANAGEMENT ADVISORY COUNCIL APPOINTMENT

This is only an application. Appointments are only effective upon notification from the Director’s Office and upon receipt of appointment letter. All applications must be complete to be considered (both sides).

Title Preference: _____ Name: _____

Full Legal Name*: _____

**Only needed if different from name above; to be used on the official oath of office if selected.*

Mailing Address: _____

City: _____ County: _____ State: MONTANA Zip: _____

Residence or Business Physical Address*: _____

**Only needed if different than mailing address above.*

City: _____ County: _____ State: MONTANA Zip: _____

Preferred Contact Number: _____ Type: _____

Other Contact Number(s): _____ Type: _____

Email Address: _____

Preferred Public Contact Information*: _____

**Pick one; if you are appointed, we must post contact information for you online.*

Is this a Reappointment? Yes* No

* Which position are you serving in? _____

Position Applying for on the Council: _____

Qualifications for Position: _____

ADDITIONAL DOCUMENTS (REQUIRED):

- Cover Letter: Must include a statement as to why you'd like to be appointed (Address to Director)
- References or letters of recommendation are welcomed (Optional)

WAIVERS (REQUIRED):

- I understand that my application and affiliated documents will become public records, available to the public, and media, including that I am an applicant and for which boards.
- I agree that if appointed, I will abide by all state laws and rules.
- I verify that all information in this application is accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

APPLICATION WITH ADDITIONAL DOCUMENTS SHOULD BE SUBMITTED TO: agr@mt.gov or to the address below by mail or hand delivery. For additional information please contact Jasmine Chaffee at 444-3140 or Kristi O'Connell at 444-3156.