



# APPLICATION FOR NOXIOUS WEED MANAGEMENT ADVISORY COUNCIL APPOINTMENT

Title Preference:                      Name: \_\_\_\_\_

Full Legal Name\*:

Mailing Address:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: MONTANA Zip: \_\_\_\_\_

Residence or Business Physical Address\*:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: MONTANA Zip: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Type: Business / Mobile / Home / Assistant / Other

Other Contact Number(s): \_\_\_\_\_ Type: Business / Mobile / Home / Assistant / Other \_\_\_\_\_

Email Address:

Preferred Public Contact Information*:			Physical Address	Mailing Address	Mobile Phone	Home Phone
Business Phone	Other Phone	Email				

*\*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:

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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: [agrnwtf@mt.gov](mailto:agrnwtf@mt.gov) or to the address below by mail or hand delivery. For additional information please contact Jasmine Chaffee at 444-3140 or Jesse May at 444-3156.