



MONTANA DEPARTMENT OF **AGRICULTURE**

APPLICATION FOR MONTANA HEMP ADVISORY COMMITTEE

This is only an application. Appointments are effective only upon notification from the Director's Office and upon receipt of an appointment letter. All applications must be complete both sides of this form in its entirety.

Name: _____ Title Preference: _____

Full Legal Name (if different than above): _____

Residence or Business Physical Address: _____

City: _____ County: _____ State: Montana Zip: _____

Mailing Address (if different than above): _____

City: _____ County: _____ State: Montana Zip: _____

Occupation/Business: _____

Preferred Contact Number: _____ Phone Type: _____

Other Contact Numbers: _____ E-mail Address: _____

*Preferred Public Contact Information: _____

*If appointed, we must post a phone number, email OR address for you online, we also share your city of residence.



Position Applying for on the Council:

Qualifications for Position:

ADDITIONAL DOCUMENTS:

- Cover Letter: Must include a statement as to why you'd like to be appointed
- 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: danielle.jones@mt.gov or to the address below by mail or hand delivery. For additional information please contact Dani Jones at (406) 444-2402.