MONTANA DEPARTMENT OF
AGRICULTURE

OPERATOR LICENSE APPLICATION
MONTANA PESTICIDE PROGRAM

FOR OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

Date received_____

Amount Rec'd_____

Ck. or M.O. No._____

Collection Rep._____

Collection Date_____

Split _____

FOR CURRENT LICENSING YEAR ENDING DECEMBER 31

APPLICATOR'S NAME _____
First Middle Initial Last

DBA _____ **TELEPHONE** _____
Firm or Store Name Phone Number

BUSINESS LOCATION _____
Street Address City County State Zip

MAILING ADDRESS _____
Street Address City County State Zip

APPLICATOR'S LICENSE NO. _____

Each year, the first 2 operator license cards purchased cost $25 each and additional cards are $10 each.

LIST OPERATORS:

1) _____ ($25)
2) _____ ($25)
3) _____ ($10)
4) _____ ($10)
5) _____ ($10)
6) _____ ($10)
7) _____ ($10)
8) _____ ($10)
9) _____ ($10)
10) _____ ($10)
11) _____ ($10)
12) _____ ($10)
13) _____ ($10)
14) _____ ($10)

I hereby certify that the information on this application is true and correct and agree to comply with all provisions of the Pesticides Act, Title 80, Chapter 8, Parts 1, 2 and 3 and rules adopted thereunder. I further certify that the operators listed 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.

Date_____ **Signature** _____

E-mail: tari.nyland@mt.gov **Fax:** (406) 444-9493 **Phone:** (406) 444-4900 **Website:** pesticides.mt.gov

MAIL APPLICATIONS TO: **Montana Department of Agriculture**
PO Box 200201
Helena MT 59620-0201