



## PESTICIDE PROGRAM

### APPLICATION FOR PRIVATE FARM APPLICATOR SPECIAL USE PERMIT

\$60 (\$12 per year)

Permits expire on December 31st of the 5th year in the certification cycle.

#### AGENT USE ONLY

When recertifying, provide Applicator's License No.

Circle  
One:

Initial Training

Exam only

Training # and date or Exam date:

MSU Agent's printed name:

Signature:

Applicant's Name:

Phone:

Email Address:

Property Address (Required):

Location address

City

County

Zip code

Mailing Address:

Delivery address

City

State

County

Zip code

Check each item being applied for:

\_\_\_\_\_ AGRICULTURAL PEST CONTROL (Includes Restricted: Insecticides, Herbicides, Fungicides, Rodenticides, etc.)

\_\_\_\_\_ SODIUM CYANIDE CAPSULES FOR USE IN M-44 DEVICES (Special training & exams are required)

\_\_\_\_\_ AQUATIC HERBICIDES (Special training & exams are required)

\_\_\_\_\_ OPTIONAL: I request the Department to issue two (2) Credentials for my family members or employees to purchase and use restricted use pesticides on crops or land I own, lease or rent.

**PLEASE PAY: \$12.00 fee for the current year and for each year remaining in your district's 5 year period.**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**By signing below, 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, and rules adopted thereunder.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

MAIL TO: DEPARTMENT OF AGRICULTURE  
AGRICULTURAL SCIENCES DIVISION  
PO BOX 200201  
HELENA, MT 59620-0201

Make checks payable to: Montana Department of Agriculture

#### Department Office Use Only

Date Received: \_\_\_\_\_

Amt. Received: \_\_\_\_\_

Ck or MO No: \_\_\_\_\_

Deposit ID \_\_\_\_\_

Private Prg \_\_\_\_\_

Disposal Prg \_\_\_\_\_

County (\_\_\_\_\_) \_\_\_\_\_

MSU \_\_\_\_\_