



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
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Mailing Address:

Delivery address	City	State	County	Zip code
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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: _____

Private Prg _____

Amt. Received: _____

Disposal Prg _____

Ck or MO No: _____

County (_____) _____

Deposit ID: _____

MSU _____