



## Instructions for Service of Process Form

1. Type or print all information except required signatures.
2. Complete page 1 of the attached Service of Process.
3. Fee: Include Five Dollars (\$5.00) for filing service of process. Make checks payable to *Montana Secretary of State*.
4. Mail to: Montana Secretary of State of Montana  
State Capitol Building  
PO Box 202801  
Helena, MT  
59620-2801
5. Pesticide Licenses will not be granted until the service of process has been certified by the Secretary of State.

Any questions concerning these forms should be directed to:

Montana Department of Agriculture  
Agricultural Sciences Division  
PO Box 200201  
Helena MT 59620-0201  
Telephone: (406) 444-3691  
Email: [PestLicensing@mt.gov](mailto:PestLicensing@mt.gov)



AGRICULTURAL SCIENCES DIVISION

**CONSENT TO LICENSING LAWS / DESIGNATION OF AGENT FOR SERVICE OF PROCESS**

The undersigned, a nonresident of Montana, is applying for a license under the Montana Pesticides Act, Title 80, Chapter 8, MCA. To comply with the provisions of section 80-8-210, MCA, the applicant consents to the licensing laws of the state of Montana and to the appointment of an agent for service of process, to be used in the courts of the state of Montana for all causes of legal action arising against them.

This application is made as (check appropriate box) -

☐ An Individual

Name of Individual Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

☐ An entity which has an active business registration with the Montana Secretary of State's office and has appointed the following registered agent for service of process:

Applicant Name \_\_\_\_\_

Business Name & SOS ID \_\_\_\_\_

Registered Agent(RA) Name \_\_\_\_\_

RA Physical Address: \_\_\_\_\_

RA Mailing Address: \_\_\_\_\_

RA City/State/Zip: \_\_\_\_\_

☐ An entity which **does not have** an active business registration with the Montana Secretary of State's office and hereby designates the Montana Secretary of State as its registered agent for service of process. The Secretary of State will **forward** any service of process to:

Applicant Name \_\_\_\_\_

Business Name \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position, if applicable

**To Be Completed by Secretary of State**

I, Christi Jacobsen, Secretary of the State of Montana, do hereby certify that the foregoing is a true, completed and correct copy of the Consent to Licensing Laws and Designation of Agent for Service of Process by as received and filed in my office on \_\_\_\_\_, **20**\_\_\_\_. In Witness Whereof, I have hereunto set my hand and affixed the Great Seal of the State of Montana this \_\_\_\_\_day of \_\_\_\_\_**20**\_\_\_\_\_.

**Christi Jacobsen**  
Secretary of State

(Great Seal)

**By:** \_\_\_\_\_  
Deputy