INSTRUCTIONS FOR SERVICE OF PROCESS FORM

1. Type or print all information except required signatures.

2. Complete pages 1 and 2 of the application form.

3. Fee: 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 and Commodity Dealer/Public Warehouse 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)444-5400

M:/ASD/ISB/Lic_Reg/Instructions for Service of Process
Revised 01/2021
CONSENT TO LICENSING LAWS
AND
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 and for the purpose of complying with the provisions of section 80-8-210, consents to the licensing laws of the state of Montana and to be used in the courts of the state of Montana upon all causes of action arising against the undersigned in the state of Montana.

The undersigned, a nonresident of Montana, is applying for a license under the Montana Grain Act, Title 80 Chapter 4, MCA and for the purpose of complying with the provisions of section 80-4-406, consents to the licensing laws of the state of Montana and to be used in the courts of the state of Montana upon all causes of action arising against the undersigned in the state of Montana.

The undersigned, a nonresident of Montana is (check appropriate statement and complete entries):

( ) a corporation which has an effective certificate of authority to transact its business in Montana and has duly appointed an agent or attorney upon whom service of process may be made in such causes of action, and such service when so made shall be valid service on the undersigned. The name and address of such duly appointed agent or attorney is:

(Name of Registered Agent)

(Street and Number and Post Office Box, if any)

(City or Town, State and Zip Code)

( ) an individual

( ) a partnership

( ) a corporation which does not have an effective certificate of authority from the Secretary of State to transact its business in Montana and which does not transact business in Montana and so as to require it to procure such a certificate of authority.

and hereby designates the Secretary of State of the State of Montana as its lawful agent or attorney upon whom service, when so made upon the Secretary of State, shall be valid service on the undersigned. The address to which the Secretary of State shall forward any such service of process made on him is:

(Street and Number and Post Office Box, if any)

(City or Town, State, and Zip Code)

Signature of Applicant, if an individual or exact name of partnership or corporation by:

Signature of Officer or Agent

Title of Officer or Agent
ACKNOWLEDGEMENT FOR INDIVIDUAL

STATE OF 

County of 

On this ____________ day of ______________, 20___, before me the undersigned, a Notary Public, personally appeared ___________________, known to me to be the person whose name is subscribed to the foregoing Consent to Licensing Laws and Designation of Agent for Service of Process, and acknowledged to me that ______ he ______ she executed the same.

(Notarial Seal)

Notary Public for the State of __________________________
Residing at ________________________________________
My Commission Expires _____________________________

ACKNOWLEDGEMENT FOR PARTNERSHIP OR CORPORATION

STATE OF 

County of 

On this day of __________ day of ______________, 20___, before me the undersigned, a Notary Public, personally appeared ___________________, known to me to be the ____________________ of the partnership corporation that executed the foregoing Consent to Licensing Laws and Designation of Agent for Service of Process, and acknowledged to me that the partnership or corporation executed the same.

(Notarial Seal)

Notary Public for the State of __________________________
Residing at ________________________________________
My Commission Expires _____________________________

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

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Revised 01/2021