



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



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