



APPLICANT INFORMATION:

___ MT License ___ Reciprocal License Current MT Pesticide License Number ___ Out-of-State Pesticide License Number ___

Form fields for Applicant Information: First Name, MI, Last Name, Phone Number, Applicant Physical Address, City, County, State, Zip, Applicant Mailing Address, City, County, State, Zip, Preferred Email Address, Applicant Employer or Business / Agency Name, Phone Number, Business Location Address, City, County, State, Zip

Check only ONE license type. Complete separate applications for each license applied for:

APPLICATOR LICENSE TYPE: ___ Commercial ___ Non-Commercial ___ Public Utility ___ Government
DEALER LICENSE TYPE: ___ Commercial ___ Government

SPECIFIC APPLICATOR CLASSIFICATIONS (Check each desired classification – must first be certified for licensing):

- ___ (21) Aerial**
___ (30) Agricultural Plant Pest Control ___ (31) Ag Animal Pest Control ___ (42) Ag Vertebrate Pest Control
___ (33) Forest Pest Control ___ (34) Ornamental & Turf Pest Control ___ (35) Seed Treatment
___ (36) Aquatic Pest Control ___ (37) Right of Way Pest Control ___ (38) Public Health Pest Control
___ (39) Demo & Research Pest Control ___ (40) Ind Inst Struct & Health Related ___ (41) Wood Treatment
___ (42) Livestock Protection Collar ___ (43) Sodium Cyanide (M-44) ___ (44) Special Utility
___ (45) School IPM ___ (46) Piscicide ___ (56) Other

REGULATORY CLASSIFICATIONS (GOVERNMENT ONLY):

- ___ (50) Mosquito Abatement ___ (51) Predator ___ (54) Rodent ___ (55) Weed ___ (46) Piscicide

LIST OPERATORS OR FIELD SALESPeOPLE WORKING UNDER THE APPLICANT NAMED ABOVE

DO NOT include the applicant named above. Please print the full name of each person. Operators are licensed in the same classifications as applicant excluding Sodium Cyanide (M-44). Training requirement noted below.*

- 1. ___ 6. ___
2. ___ 7. ___
3. ___ 8. ___
4. ___ 9. ___
5. ___ 10. ___

By signing, 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, Title 80, Chapter 8, Parts 1, 2, 3 and 4 and rules adopted thereunder.

* I further certify that the operators listed above have been trained according to subchapter 2, Section 4.10.206 of the rules adopted under the Montana Pesticides Act, Title 80 Chapter 8, Section 80-8-101 through 80-8-306, M.C.A.

** Individuals applying for a license for aerial application of pesticides are certifying that they meet all Federal Aviation Administration requirements for aerial applicators.

Date: _____

Signature: _____

ANNUAL LICENSING FEES

1. Pesticide Applicator and Dealer License Fees:

A. Commercial, Non-Commercial, and Public Utility Applicator & Dealer licenses

New and renewed licenses = **\$85** each

B. Governmental Applicator and Governmental Dealer licenses*

First **4** licenses, new or renewed, per agency = **\$70** each

Additional licenses, new or renewed, per agency = **\$15** each

Agencies are not required to pay more than **\$895** each in licensing fees per year

*Applicants licensing for Federal or Tribal agencies are exempt from all licensing fees

2. Operator Fees (DO NOT list Applicator as an Operator):

Note: This fee does not apply to a Dealer license

First **2** Operators added each year = **\$25** each, per license

Additional Operators added each year = **\$10** each, per license

Field Salespeople listed on a Dealer license = no cost

3. Renewal Late Fees:

Renewals postmarked **after March 1st**, add **\$25** to the cost of the license

(Late fees do not apply to new licenses)

All fees must be paid in full. Total fees in rows 1, 2, and 3. Refer to schedule above.

1	Pesticide Applicator License fees and Dealer License fees	\$
2	Operator fees	\$
3	Late fees – Applies to late renewals ONLY	\$
	Total	\$

RENEWAL REQUIREMENTS CHECKLIST TO OBTAIN A LICENSE:

- Must be certified in each license classification checked (CE's or Examination or Reciprocity)
- Commercial applicators must have valid up-to-date proof of insurance on file
- Non-residents must include a copy of your pesticide license (front/back) from your state of residence and a letter of good standing from the regulating authority
- Application must be completed and signed by applicant
- Fees are to be paid-in-full at time of application

CONTACT INFORMATION:

E-mail: tari.nyland@mt.gov Phone: **(406) 444-4900** Web: agr.mt.gov

MAIL APPLICATIONS TO:

MONTANA DEPARTMENT OF AGRICULTURE
 AGRICULTURAL SCIENCES DIVISION
 PO BOX 200201
 HELENA MT 59620-0201