



Mike Foster
Director

APPLICATION FOR NOXIOUS WEED MANAGEMENT ADVISORY COUNCIL APPOINTMENT

This is only an application. Appointments are only effective upon notification from the Director's Office and upon receipt of appointment letter. All applications must be complete (both sides), in order to be considered.

Name: _____ Title Preference: _____

Full Legal Name (if different than above): _____

Residence or Business Physical Address: _____

City: _____ County: _____ State: Montana Zip: _____

Mailing Address (if different than above): _____

City: _____ County: _____ State: Montana Zip: _____

Occupation/Business: _____

Preferred Contact Number: _____ Phone Type: _____

Other Contact Numbers: _____ E-mail Address: _____

*Preferred Public Contact Information: _____

*If appointed, we must post a phone number, email OR address for you online, we also share your city of residence.

Is this a Reappointment? Yes No

* Which position are you serving in? _____

Position Applying for on the Council: _____

Qualifications for Position:

ADDITIONAL DOCUMENTS (REQUIRED):

- Cover Letter: Must include a statement as to why you'd like to be appointed (Address to Director)
- References or letters of recommendation are welcomed (Optional)

WAIVERS (REQUIRED):

- I understand that my application and affiliated documents will become public records, available to the public, and media, including that I am an applicant and for which boards.
- I agree that if appointed, I will abide by all state laws and rules.
- I verify that all information in this application is accurate to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

APPLICATION WITH ADDITIONAL DOCUMENTS SHOULD BE SUBMITTED TO: agr@mt.gov or to the address below by mail or hand delivery. For additional information please contact Jasmine Reimer at 444-3140 or Virginia Corbett at 444-3156.