



MONTANA DEPARTMENT OF  
**AGRICULTURE**

**OPERATOR LICENSE APPLICATION  
 MONTANA PESTICIDE PROGRAM**

<b>FOR OFFICE USE ONLY DO NOT WRITE IN THIS SPACE</b>	
Date received	_____
Amount Rec'd	_____
Ck. or M.O. No.	_____
Collection Rep.	_____
Collection Date	_____
Split	_____

FOR CURRENT LICENSING YEAR ENDING DECEMBER 31

**APPLICATOR'S NAME** \_\_\_\_\_  
First Middle Initial Last

**DBA** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_  
Firm or Store Name Phone Number

**BUSINESS LOCATION** \_\_\_\_\_  
Street Address City County State Zip

**MAILING ADDRESS** \_\_\_\_\_  
Street Address City County State Zip

**APPLICATOR'S LICENSE NO.** \_\_\_\_\_

**Each year, the first 2 operator license cards purchased cost \$25 each and additional cards are \$10 each.**

**LIST OPERATORS:**

- |                 |                  |
|-----------------|------------------|
| 1) _____ (\$25) | 8) _____ (\$10)  |
| 2) _____ (\$25) | 9) _____ (\$10)  |
| 3) _____ (\$10) | 10) _____ (\$10) |
| 4) _____ (\$10) | 11) _____ (\$10) |
| 5) _____ (\$10) | 12) _____ (\$10) |
| 6) _____ (\$10) | 13) _____ (\$10) |
| 7) _____ (\$10) | 14) _____ (\$10) |

**I hereby certify that the information on this application is true and correct and agree to comply with all provisions of the Pesticides Act, Title 80, Chapter 8, Parts 1, 2 and 3 and rules adopted thereunder. I further certify that the operators listed 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.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**E-mail:** pestlicensing@mt.gov **Fax:** (406) 444-9493 **Phone:** (406) 444-4900 **Website:** pesticides.mt.gov

**MAIL APPLICATIONS TO: Montana Department of Agriculture  
 PO Box 200201  
 Helena MT 59620-0201**