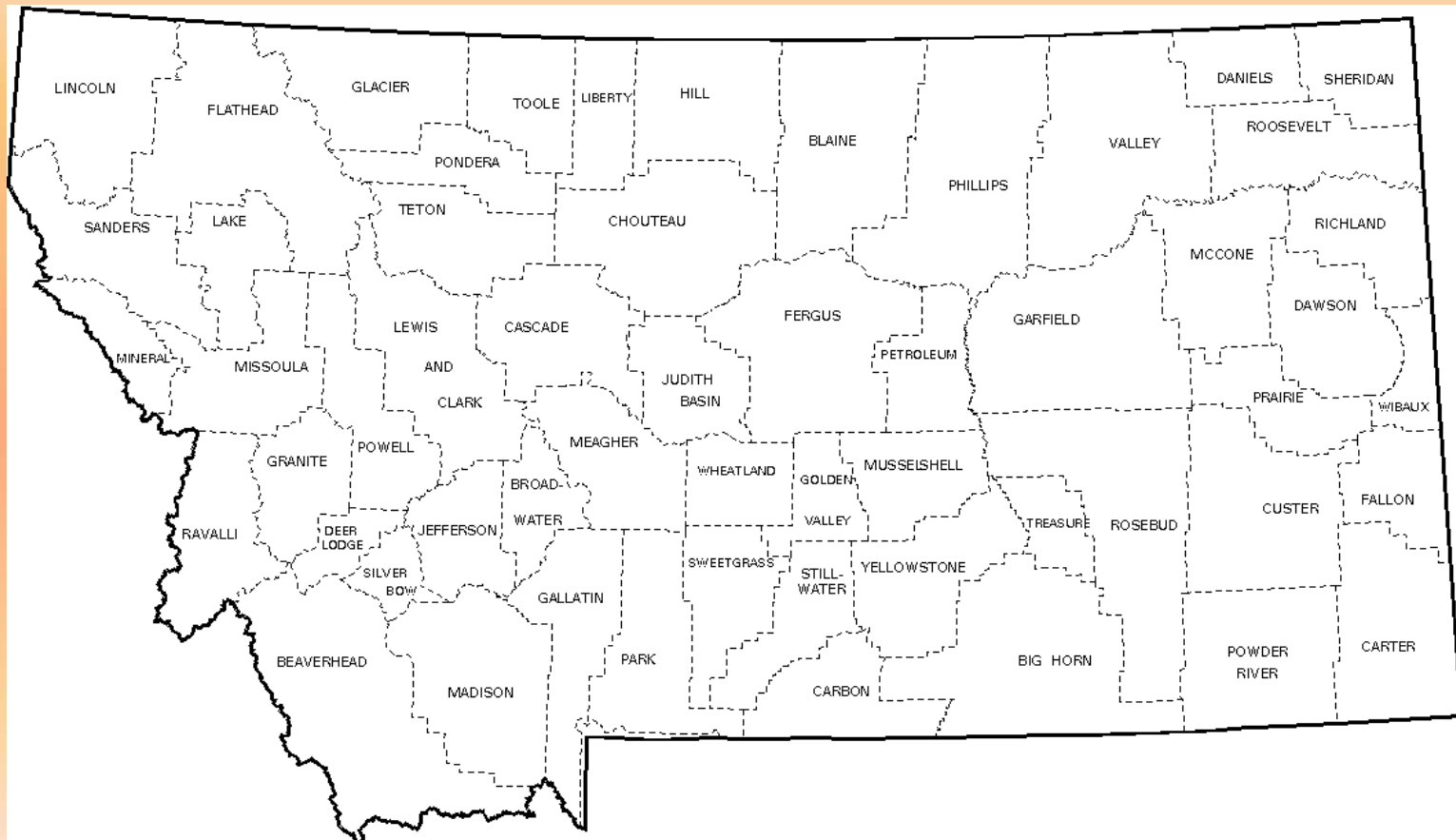


Private Applicator Training and Certification in Montana

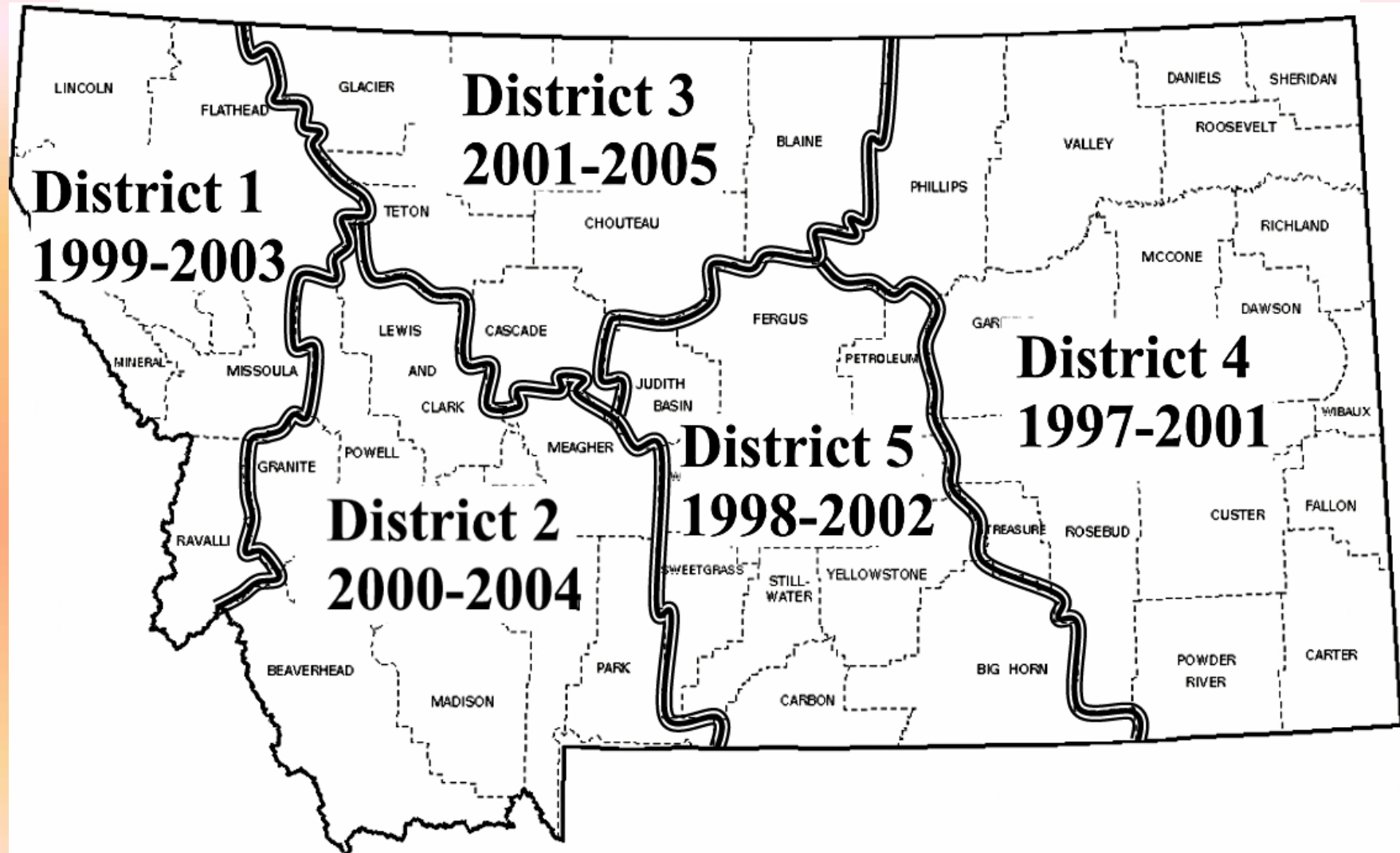


Restricted use pesticides (RuP)

General use pesticides (GuP)

- **Restricted Use**
 - **Human or animal health concern**
 - **Environmental considerations**
 - **Tordon 22K, Furadan, Warrior, Aluminum phosphide, Lorsban, Zinc phosphide, Guthion**
- **General Use**
 - **2,4-D, Banvel, Curtail, Roundup**

Pesticide Recertification Districts



Who needs to be certified?

- **If you purchase, apply or supervise on land you rent own or lease.**
- **What about family members or employees?**
- **Who is responsible for their actions?**

As a certified private applicator you can;

- **Apply RuPs to land that you own rent or lease**
- **Also apply GuPs to land of your immediate neighbor as long as it is not done commercially**
- **Request that the Montana Department of Ag issue you 2 permits (a duplicate)**



STATE OF MONTANA
DEPARTMENT OF AGRICULTURE

AGRICULTURAL SCIENCES DIVISION

APPLICATION FOR A FARM
APPLICATOR SPECIAL USE PERMIT

For Year Ending December 31, 20

License No.

AGENTS USE ONLY

Initial Exam Score
Initial Training Yes No
If Yes Quiz Score
Recert Training Yes No
Recert Exam Score
Agent Signature:

PLEASE PRINT OR TYPE

APPLICANT NAME Bugthumper Ima !
Last First Middle/Initial
TELEPHONE _____
Area Code Phone Number

MAILING ADDRESS _____
Street or Box No. City County of Residence State Zip

\$50.00 FEE FOR A 5 YEAR PESTICIDE FARM APPLICATOR LICENSE

AGRICULTURAL PEST CONTROL (Includes Restricted: Insecticides, Herbicides, Fungicides, Rodenticides, etc.)

_____ SODIUM CYANIDE CAPSULES FOR USE IN M-44 DEVICES (Special training is required for this use)

_____ AQUATIC HERBICIDES (Special training is required for this use)

_____ LIVESTOCK PROTECTION COLLAR (Special training is required for this use)

OPTION: I HEREBY REQUEST THE DEPARTMENT TO ISSUE TWO (2) CREDENTIALS FOR THE PURCHASE AND USE OF RESTRICTED PESTICIDES ON LANDS UNDER MY ADMINISTRATION FOR MY FAMILY MEMBERS OR EMPLOYEES.

I hereby certify that the information on this application is true and correct, and agree to comply with all the provisions of the Montana Pesticides Act, and rules adopted thereunder.

DATE _____ SIGNATURE _____

MAIL TO: DEPARTMENT OF AGRICULTURE
AGRICULTURAL SCIENCES DIVISION
P.O. BOX 200201
HELENA, MT 59620-0201

Certified private applicators cannot

- **Apply RuPs commercially**
- **Apply RuPs on land that they don't own, rent or lease**
- **Sell or give away pesticides**
- **Give their license to non-family members or non-employees to purchase RuPs**

How to become certified

- **Take an exam or;**
 - **Attend 6 hours of training and take an exam at the end of the training**
- **Complete the application**
- **Sign it!**
- **Include proper fees**
- **Mail it to the Montana Dept. of Agriculture**

How to stay certified

- **Need to obtain 6 private applicator recertification credits over a 5 year period.**
- **As programs are approved they are posted to:**

<http://mtpesticides.org>

Fees

- **1993 legislature**
- **\$50 to renew**
 - **\$15 (30%) to MT Dept of Ag for administration**
 - **\$20 (40%) to MSU Extension to support training**
 - **\$15 (30%) to fund the pesticide collection program**

Your license number and why its important

- **It required on all your pesticide records,**
 - every time you spray a restricted-use pesticide
- **Provides an easy way to track private applicator recertification credits.**
- **You need your license with you when you:**
 - Purchase a restricted use pesticide
 - Attend programs for recertification credits

Your applicator ID number

Not This one!

Montana Department of Agriculture
PESTICIDE APPLICATORS LICENSE 3626

The person named below has complied with all the requirements of the Montana Pesticides Act and rules adopted thereunder.

APPLICATOR ID NUMBER	VALID THRU
2-06-80001-11	12/31/00

Ima Bugthumper
Rte. 20 Box 367
Moosetail, MT 59111

SPECIFIC CLASSIFICATION CATEGORIES
C39 *****

DATE ISSUED	02/02/1999
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Expiration Date



This is not a commercial sign-in sheet.



July 18, 2000 Valley County Weed Tour		#:2000124	3 Credits
<u>Applicator ID Number</u> -ends in -11 No number = no credits	Expiration date (Valid Thru)	Last Name, First Name, M.I. <u>Please Print</u> Address	
<u>3 57 33300</u> -11	12-03 Required too!	Peterbilt, George A. Box 4350, Chumwater, MT 59001	
1. 02 - 06- 16001 -11 Only license #'s with -11, Not a commercial sign-in	12-04 Required too!	Reeves Petroff, PO Box 173020, MSU	
2. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!	Bozeman, MT 59717	
3. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
4. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
5. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
6. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
7. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
8. - - - -11 Only license #'s with -11, Not a commercial sign-in	Required too!		
9. - - - -11			