



**STATE OF MONTANA  
DEPARTMENT OF AGRICULTURE**

**APPLICATION FOR  
PRIVATE FARM APPLICATOR  
SPECIAL USE PERMIT**

\$60 (\$12 per year)

Permits expire on December 31st of the 5th year in the certification cycle

**AGENTS USE ONLY**

Applicant

License No.

Circle One:	Initial Training	Exam Only
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Training # or Exam date:

MSU Agent's name:

Signature:

APPLICANT NAME:

PHONE:

EMAIL ADDRESS:

PROPERTY ADDRESS:

Location address	City	County	Zip code
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MAILING ADDRESS:

Delivery address	City	State	Zip code
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**Check each item being applied for:**

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

\_\_\_\_\_ SODIUM CYANIDE CAPSULES FOR USE IN M-44 DEVICES (Special training & exams are required)

\_\_\_\_\_ AQUATIC HERBICIDES (Special training & exams are required)

\_\_\_\_\_ OPTIONAL: I REQUEST THE DEPARTMENT TO ISSUE TWO (2) CREDENTIALS TO MY FAMILY MEMBERS OR EMPLOYEES FOR PURCHASING AND USING RESTRICTED USE PESTICIDES ON CROPLAND THAT I OWN OR LEASE.

**PLEASE PAY: \$12.00 FEE FOR CURRENT YEAR AND FOR EACH YEAR REMAINING IN YOUR DISTRICT'S 5 YEAR PERIOD**

By signing below, 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  
PO BOX 200201  
HELENA, MT 59620-0201

Department Office Use Only

Date Received: \_\_\_\_\_  
Amt. Received: \_\_\_\_\_  
Ck or MO No: \_\_\_\_\_  
Deposit ID \_\_\_\_\_

Private Prg \_\_\_\_\_  
Disposal Prg \_\_\_\_\_  
County ( \_\_\_\_\_ ) \_\_\_\_\_  
MSU \_\_\_\_\_