



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 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

DEPARTMENT OFFICE USE ONLY

DO NOT WRITE IN THIS SPACE

DATE RECEIVED:
AMOUNT RECEIVED:
CK. or M.O. No.:
COLLECTION REPORT:
COLLECTION DATE:

PRIVATE APPL
DISPOSAL
COUNTY ( )
M.S.U.