



## 2018 SEPTIC TANK PUMPER LICENSE RENEWAL APPLICATION FORM

License Number: \_\_\_\_\_ County: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Owner/Operator: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ FAX: \_\_\_\_\_

Valid for Use in the Following Counties: \_\_\_\_\_

Approved Disposal Sites:

	Used in 2017?	Landowner permission valid?	Approved Site for 2018?	Volume Disposed in 2017?
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____
_____				_____

In signing this application form, I certify that the above information is true and correct and, that as the applicant named above, I shall conduct the business of cleaning septic tanks, cesspools, or privies and disposing of septage in accordance with laws and rules of the State of Montana.

PRINTED NAME: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Mail this completed renewal form, disposal records and invoice with payment to:

**Montana DEQ  
 Fiscal Services  
 Division PO  
 Box 200901  
 Helena, MT 59620-0901**

**REMINDER: Attach copies of your 2017 records.**