

2021 SEPTIC TANK PUMPER LICENSE RENEWAL APPLICATION FORM

License Number:

Company Name:

Mailing Address:

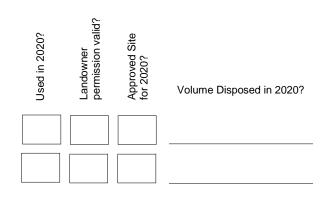
County:

Owner/Operator:

Telephone: FAX:

Valid for Use in the Following Counties:

Approved Disposal Sites:



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.		Mail this completed renewal form, disposal records and invoice with payment to:
		Montana DEQ
PRINTED NAME:		Fiscal Services Division PO Box 200901
SIGNATURE:		Helena, MT 59620-0901
	DATE:	REMINDER: Attach copies of your 2020 records.