AGENCY USE ONLY				
PERMIT NO.:	Date Rec'd.:	Amount Rec'd.:	Check No.:	Rec'd By:

Montana Department of ENVIRONMENTAL QUALITY

WATER PROTECTION BUREAU

FORM **AR3**

Pesticides Annual Report Form for Tier II Facilities

This form is to be completed by all Tier II ("above threshold") owners/operators authorized under the Pesticide General Permit. Please read the attached instructions before completing this form. **This reporting form must be completed, signed, and submitted to the Department by the 28th day of January of each year.**

Section A - Permittee (Owner/Operator) Information:

NOI Number: M T G 8 7 ___ ___ ___ ___

Owner /Operator Name _____ Contact Person _____

Mailing Address _____ Phone Number _____

City, State, and Zip Code _____

Email (*optional*) _____

Section B - CERTIFICATION

Certification Information: This form must be certified by either the NOI signatory or a duly authorized representative [see ARM 17.30.1323(2)].

All Permittees Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)	
B. Title (Type or Print)	C. Phone No.
D. Signature	E. Date Signed

Department of Environmental Quality
Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901
(406) 444-3080

Section C: Summary of Pesticide Applications for NOI # MTG87 **YEAR:**
ONE SECTION C PER APPLICATOR

Applicator Name: License #: License Expiration date:

Mailing Address: City, State, Zip:

Telephone: EQUIPMENT: Mfg/ID: Calibration Date:

Email: EQUIPMENT: Mfg/ID: Calibration Date:

Pesticide Manufacturer (Company Name)	Product Trade Name	EPA Registration #	Amt Pesticide Used (lbs or gallons) *(To or Over Water)*	Pest Controlled (Common Name)

Section D - Receiving Surface Waters:

For each pesticide use pattern, provide the total water-acres treated in each county for the calendar year, and identify the receiving surface waters to which you discharged pesticides of this type. If you applied pesticides on or over all waters identified in the NOI, check the appropriate box. **Attach additional sheets as necessary**.

Pesticide Use Pattern	County	Total Acreage Treated *(To or Over Water)*	Receiving Surface Water Name(s) ☐ All waters identified in the NOI