



PERMITTING AND COMPLIANCE DIVISION
 WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
 SOLID WASTE MANAGEMENT SECTION
 PO BOX 200901
 HELENA, MT 59620-0901
 406-444-5300

2014 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 2013?	Landowner permission valid?	Approved Site for 2014?	Volume Disposed in 2013?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 2013 records.