



Agency Use
NOI No.:
Date Rec'd
Amount Rec'd
Check No.
Rec'd By

FORM NOT	Notice of Termination (NOT) Pesticide General Permit MTG870000
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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 _____

Section B - Basis for Termination

Briefly describe reason(s) for termination request (*i.e., no longer conduct pesticide application*):

Section C - CERTIFICATION

Applicant Information: This application must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

All Applicants 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]

Owner/Operator

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

There are no fees directly associated with terminating coverage. However, you are responsible for paying the annual fee for the year in which you terminate. Return this application form (Form NOT), and any remaining annual fees to:

Department of Environmental Quality - Water Protection Bureau
PO Box 200901
Helena, MT 59620-0901