



SEPTIC TANK, CESSPOOL, AND PRIVY CLEANER NEW LICENSE APPLICATION FORM

INSTRUCTIONS:

1. Fill out the application in its entirety.
2. You must complete and attach a separate **“New Disposal Site Application Form”** for each proposed disposal site. A **“Vehicle Inspection Form”** must also be completed and submitted for those proposing land application.
3. The disposal site forms for each site must be signed by the health officer or the sanitarian in every county where you use or operate a disposal facility, **and** by a person responsible for the site (i.e., the property owner or facility manager).
4. **SIGN THE APPLICATION FORM.**
5. Enclose check or money order for **\$300** with the completed application and mail to:
DEQ Fiscal Services Division, PO Box 200901, Helena, MT 59620-0901
 Once issued, the license will be mailed directly to you.
6. Licenses must be renewed annually. All licenses expire December 31 of each year.
You may not operate without a valid license.

**Section 1
 APPLICANT INFORMATION (Please Print)**

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|--|--|-------------|---------|
| Applicant full legal name: <i>(ARM 17.50.803(1)(a))</i> : | Name of Business/Organization as filed or registered with the Montana Secretary of State Office <i>(ARM 17.50.803(1)(a))</i> : | | |
| | Business Federal Tax ID Number: | | |
| Physical Business Address: | City: | State: | Zip: |
| Mailing Address <i>(If different from physical business address)</i> : | City: | State: | Zip: |
| County: | Phone Number: | Fax Number: | E-Mail: |

Location of Business Operation Records *(If the location of operator records change During the license year, you must provide notification writing to DEQ)*:

**Section 2
 COUNTIES WHERE SEPTAGE WILL BE COLLECTED**

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Section 2

CERTIFICATIONS

APPLICANT CERTIFICATION

I _____, have completed this application for a specific disposal site. I hereby declare that the information provided is true and correct to the best of my knowledge, and that I have made reasonable inquiries where necessary to confirm such information.

SIGNATURE OF APPLICANT: _____ DATE: _____

HEALTH OFFICER CERTIFICATION

I, _____ am the Health Officer or Designated Representative of the County. I certify that this disposal site meets the physical requirements of Montana laws and rules governing septage disposal, and any applicable local health requirements.

SIGNATURE: _____ DATE: _____

TITLE: _____