

2022 SEPTIC TANK PUMPER LICENSE RENEWAL APPLICATION FORM

License	Number:	
License	number:	

Company Name:

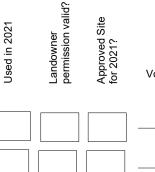
Mailing Address:

County:

Owner/Operator:

Telephone: FAX:





Volume Disposed in 2021?

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		Mail this completed renewal form, disposal records and invoice with payment to:	
State of Montana.		Montana DEQ Fiscal Services Division	
PRINTED NAME:		PO Box 200901 Helena, MT 59620-0901	
SIGNATURE:		Telena, WT 55020-0501	
TITLE:	DATE:	REMINDER: Attach copies of your 2021 records.	