



Montana Department
of Environmental Quality

WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE MANAGEMENT BUREAU
SOLID WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
406-444-5300

2026 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	Landowner permission valid?	Approved Site for 2023?	Volume Disposed in 2025?
<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 2025 records.