



OFFICE USE ONLY	
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ISSUE DATE:	_____
EXPIRATION DATE:	_____

2024 MONTANA ANNUAL LICENSE APPLICATION: MONTANA BULL STUD

Owner/Manager Name	Business Name
Mailing Address	Physical Address
City, State, Zip	City, State, Zip
Phone	Fax
	Email

How would you like to receive your approval paperwork: Email Mail

Payment Method: Check or Money Order
 Online Payment (Credit Card or E-Check)* Payment Confirmation # _____

*Online payments can be made at <https://svc.mt.gov/doa/opp/LIVAnimalHealth/cart>
and to expedite processing the application should be sent to sstarkey@mt.gov

LICENSE APPLICATION FOR MONTANA BULL STUD SERVICES: PER ADMINISTRATIVE RULE OF MONTANA (ARM) 32.2.401 THE FEE FOR A LICENSE IS \$350.00. LICENSES ARE NOT TRANSFERRABLE AND EXPIRE DECEMBER 31 OF THE YEAR IN WHICH THEY ARE ISSUED. THE PERMIT FEE INCLUDES A NON-REFUNDABLE \$5.00 APPLICATION FEE.

Montana bull stud services as defined in ARM 32.3.201 must meet the requirements under ARM 32.3.220 and Montana Code Annotated (MCA) 81-2-403. Licensed facilities are allowed to receive non-virgin bulls that were not tested for Trichomoniasis prior to importation and test them upon arrival.

VETERINARIAN OF RECORD:

Veterinarian Signature	Date	State or Federal Vet License #
Veterinarian Printed Name	Phone/email	

OWNER/MANAGER CERTIFICATION:

I HEREBY CERTIFY THAT ALL ANIMALS, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN REGULATIONS ARM 32.3.220 AND THAT ALL TESTS ARE DONE BY A DEPUTY STATE VETERINARIAN. I CERTIFY THAT THIS FACILITY USES CERTIFIED SEMEN SERVICE HEALTH STANDARDS. I ALSO AGREE THAT THE FACILITY MAY BE INSPECTED AT ANY TIME FOR BY AN AUTHORIZED REPRESENTATIVE OF THE MONTANA DEPARTMENT OF LIVESTOCK (MDOL).

Date of last CSS audit: _____

Owner/Manager Signature	Date	Title
Owner/Manager Printed Name	Phone/email	