



OFFICE USE ONLY	
CHECK/MO:	_____
AMOUNT PAID:	_____
TRANSMITTAL #:	_____
# OF PERMITS:	_____
ISSUE DATE:	_____
EXPIRATION DATE:	_____

**2016 MONTANA IMPORT PERMIT
 APPLICATION: BIOLOGICS**

Company Name (Please include any merged company names)		Company Contact	
Mailing Address		Phone	Fax
City, State, Zip		Email	

How would you like to receive your permit(s): Email Mail
 Payment Method: Check or Money Order
 Online Payment (Credit Card or E-Check)* Payment Confirmation _____
 *Online payments must be made at liv.mt.gov/ah/forms and to expedite processing the application should be sent to livpermits@mt.gov

APPLICATION TO IMPORT BIOLOGIC IN ACCORDANCE WITH ADMINISTRATIVE RULE OF MONTANA (ARM) 32.3.2301 AND 32.2.404. THE FEE FOR THIS PERMIT IS \$10.00 PER EACH PRODUCT RENEWAL OR \$30.00 FOR ANY NEW LICENSED PRODUCTS. \$5.00 OF THE PERMIT FEE IS NON-REFUNDABLE. PERMITS FOR PERMANENTLY LICENSED PRODUCTS EXPIRE DECEMBER 31 FIVE (5) YEARS FROM THE YEAR IN WHICH THEY ARE ISSUED. CONDITIONALLY LICENSED PRODUCTS EXPIRE DECEMBER 31ST OR UPON LICENSE TERMINATION IF NOT RENEWED. PERMITS ARE NOT TRANSFERRABLE.

PRODUCT CODE	SPECIES	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	PRODUCT NAME	PRODUCT DESCRIPTION	RENEWAL OR NEW PERMIT REQUEST
1.						
2.						
3.						

**2016 MONTANA IMPORT PERMIT
APPLICATION: BIOLOGICS**

CONTINUATION – COPY AS NEEDED

PRODUCT CODE	SPECIES	LICENSE ISSUE DATE	LICENSE EXPIRATION DATE	PRODUCT NAME	PRODUCT DESCRIPTION	RENEWAL OR NEW PERMIT REQUEST
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12						