Montana Board of Sanitarians
PO Box 200513
Helena, MT 59620-0513
(406) 841-2300
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Website: www.sanitarian.mt.gov

REACTIVATION OF INACTIVE SANITARIAN LICENSE

APPLICATION FEE: $90

Note: Please type or print legible.

Full Name: _____
Last First Middle

Sanitarian License Number: _____

Mailing Address: _____
Street or PO Box #

_____
City & State Zip

I intend to be an active practitioner in the State of Montana and hereby request consideration of reactivation of my license.

Also, enclosed is evidence that I have obtained the required 15 hours of continuing education within the last 2 years prior to activation in accordance to ARM 24.216.2102.

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

◯ **Yes**

If so, please attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

◯ **No**

Signature: _____ Date: _____