

REV. 09/27/2023
Sanitarian Program
301 South Park
PO Box 200513 Helena
MT 59620-0513
(406) 444-6880
dlibsdsan@mt.gov

RENEWAL APPLICATION

License No

Check For New Name or Updated
Contact Information. Indicate any
changes below.

Name

Address

City

State

Zip Code

Country

Phone #

E-Mail

Please check the license type you wish to renew:

Active \$270 after 6/30 \$540

Inactive \$135, after 6/30 \$270

Note: A licensee on inactive status may not practice as a Sanitarian in the state of Montana.

Your Montana Sanitarian license will expire on June 30.

TO RENEW YOUR LICENSE ONLINE GO TO: ebiz.mt.gov/pol (Online transactions must be completed no later than 11:59 PM, Mountain Time on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.) If you wish to renew as Inactive and your license status is Active, please contact the Department office in writing prior to renewing online.

OR

- 1) Complete and sign the renewal application.
- 2) Answer the continuing education statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$270 for an Active License, or \$135 for an Inactive License payable to the Sanitarian Program. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after June 30 will be assessed a penalty fee by state law of \$270 for an active license, for a total amount of \$540. For an inactive license the late fee is \$135, for a total amount of \$270.
- 6) Return the renewal application and fee to the Department office postmarked by June 30.
- 7) An application for reinstatement for an expired license may be filed within two (2) years of the expiration date, provided the applicant can establish that the continuing education requirement has been met. The application must be accompanied by all delinquent fees which shall not be refunded.
- 8) Incomplete or unsigned renewal applications will be returned and may be subject to a penalty fee if not received in the Department office completed and postmarked by June 30.

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. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

No

CONTINUING EDUCATION AFFIRMATION:

You must have 15 hours of continuing education units in order to renew. CE units must have been completed within the two-year period ending in every odd year.

Please refer to the Department rules regarding further CE information and requirements pursuant to ARM 24.216.2102. The Department will be conducting a random audit of licensees following the renewal cycle to ensure compliance pursuant to ARM 24.216.2102. If you are among those selected, you will be notified to submit documentation that you have completed the requirement.

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.216.2102 and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action or administratively suspended until I meet the requirements of the law or rules stated above.

I hereby declare under penalty of perjury the information included in my renewal to be true and complete to the best of my knowledge.

Your signature: _____

Date: _____

DO NOT SEND CASH