



**APPLICATION FOR NOXIOUS WEED MANAGEMENT ADVISORY COUNCIL APPOINTMENT**

This is only an application. Appointments are only effective upon notification from the Director’s Office and upon receipt of appointment letter. All applications must be complete to be considered (both sides).

Title Preference: \_\_\_\_\_ Name: \_\_\_\_\_

Full Legal Name\*: \_\_\_\_\_

*\*Only needed if different from name above; to be used on the official oath of office if selected.*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: MONTANA Zip: \_\_\_\_\_

Residence or Business Physical Address\*: \_\_\_\_\_

*\*Only needed if different than mailing address above.*

City: \_\_\_\_\_ County: \_\_\_\_\_ State: MONTANA Zip: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Type: Business / Mobile / Home / Assistant / Other

Other Contact Number(s): \_\_\_\_\_ Type: Business / Mobile / Home / Assistant / Other

Email Address: \_\_\_\_\_

Preferred Public Contact Information\*: Physical Address / Mailing Address / Mobile Phone / Home Phone / Business Phone / Other Phone / Email

*\*Pick one; if you are appointed, we must post contact information for you online.*

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Is this a Reappointment? Yes\*  No

\* Which position are you serving in? \_\_\_\_\_

Position Applying for on the Council: \_\_\_\_\_

Qualifications for Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DOCUMENTS (REQUIRED):**

- Cover Letter: Must include a statement as to why you'd like to be appointed (Address to Director)
- References or letters of recommendation are welcomed (Optional)

**WAIVERS (REQUIRED):**

- I understand that my application and affiliated documents will become public records, available to the public, and media, including that I am an applicant and for which boards.
- I agree that if appointed, I will abide by all state laws and rules.
- I verify that all information in this application is accurate to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

APPLICATION WITH ADDITIONAL DOCUMENTS SHOULD BE SUBMITTED TO: [agr@mt.gov](mailto:agr@mt.gov) or to the address below by mail or hand delivery. For additional information please contact Jasmine Chaffee at 444-3140 or Kristi O'Connell at 444-3156.