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**2025 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://opp.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	