

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
1209 8th Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: www.politicalpractices.mt.gov

**FOR OFFICE USE ONLY**  
Date Received and Postmark Date

**LOBBYIST LICENSE FEE WAIVER REQUEST**  
TO BE FILED by APPLICANT REQUESTING FEE WAIVER  
(11/02)

FAXED   
HAND DELIVERED

ORIGINAL FILING  AMENDED FILING

**TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE**

Montana Code Annotated 5-7-103(1) provides that an applicant for a lobbyist license who believes payment of the lobbyist license fee may constitute a hardship may apply for a waiver of the required fee.

Registration and licensure of a lobbyist is not complete until such time as an application (Form L-1) from the lobbyist is filed, the principal authorization statement (Form L-2) is filed AND a fee of \$150 from the lobbyist is paid or a waiver of that fee has been granted by the Commissioner.

**APPLICANT INFORMATION**

Full Name \_\_\_\_\_

E-MAIL ADDRESS (Please Print) \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Complete Business Mailing Address (Including City, State, Zip) \_\_\_\_\_

Complete Helena Mailing Address (Including City, State, Zip) \_\_\_\_\_

Helena Telephone Number \_\_\_\_\_

***Provide details of waiver request on the reverse side of this form.***

**CERTIFICATION**

I, \_\_\_\_\_, certify that the information provided herein  
PRINT Full Name of Applicant

is complete and correct.

\_\_\_\_\_  
SIGNATURE of Applicant

\_\_\_\_\_  
Date

