

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643
WEBSITE: www.state.mt.us/cpp

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

