

Title 10 of New York State Rules and Regulations Part 80.134(f) sets forth the requirements for registration and certification of individuals to administer solution for euthanasia of animals. Information on this form must be typed, printed, or filled-in using Adobe Acrobat.

Applicant

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Home Address

Street: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

E-mail Address: _____ County of Residence: _____

College (if no college degree, you must submit documentation of 2-years' experience in animal care including euthanasia of animals)

Degree Type: _____ Major: _____ Date Received: _____

College Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Certified copy of college transcript must accompany this application

Applicant Affirmation

Check appropriate box:

Have you been convicted of a felony relating to controlled substances? YES NO

I affirm that all information contained on this form is true and correct and that I will abide by all laws and regulations pertinent to controlled substances. False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Applicant's Signature: _____ Date Signed: _____

OFFICAL USE

Approved by: _____

Denied by: _____

Date: _____

Certification of Experience/Training

Title 10 of New York State Rules and Regulations Part 80.134(f) sets forth the requirements for registration and certification of individuals to administer solution for euthanasia of animals. Part 80.134(f)(2)(iii) requires written certification from two licensed veterinarians or one licensed veterinarian and one licensed animal health technician state they have observed the proficient use, by the applicant, of injections for the euthanasia of animals.

First Attestation

I, _____ attest that _____
Print first and last name *Print applicants first and last name*

has received proficient training in the use of injections for the euthanasia of animals. I affirm that I am licensed in New York State as a Veterinarian and my NYSED license number is _____

Second Attestation

I, _____ attest that _____
Print first and last name *Print applicants first and last name*

has received proficient training in the use of injections for the euthanasia of animals. I affirm that I am licensed in New York State as a
 Veterinarian or Veterinarian Technician and my NYSED license number is _____
Check appropriate one

Employment Verification

This section is to be completed by the Chief Official or Head Supervisor of the Incorporated Society for the Prevention of Cruelty to Animals (SPCA) or Municipal Animal Control Facility who is currently employing the applicant list on page one.

I, _____ attest that _____
Print Chief Official's first and last name *Print applicant's first and last name*

is currently employed by the _____,
Print registered Society or Facility name as it appears on BNE Registration

BNE Registration#: _____ as a _____, began employment on _____
Print job title

Business Street Address: _____

City: _____ State: _____ Zip Code: _____

Chief Official's Signature: _____ Date Signed: _____

Submit completed forms to:

E-mail documents to:
narcotic@health.ny.gov

Fax documents to:
518-402-0709

Or mail, only if necessary to:
**Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204**