

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.

Current NYS BNE Registration# _____

Applicant

First Name: _____ M.I.: _____ Last Name: _____

Home Address

Street: _____

City: _____ State: _____ Zip Code: _____ - _____

Cell Phone: _____ Other Phone: _____

E-mail Address: _____

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, to the best of my knowledge, 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: _____

Attestation of Continuing Education

Title 10 of New York State Rules and Regulations Part 80.134(g) sets forth the requirements renewal registrants to have completed proof of attendance at a department-sponsored or -approved course in the safe and effective use of solution in the euthanasia of animals.

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

I, _____ attest that _____
Print first and last name of Chief Official *Print applicant's 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 NYSSED license number is _____.

<p style="text-align: center;">OFFICIAL USE</p> <p>Approved by _____</p> <p>Denied by _____</p> <p>Date _____</p>
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Employment Verification

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

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

is currently employed by the _____
Print name of Society or Facility

as a _____ and began employment on _____
Print job title

is currently employed by the _____

Business Street Address _____

City _____ State _____ Zip Code _____ - _____

Chief Official's Signature *Date Signed*

Submit completed application 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