

**New Jersey Department of Health and Senior Services  
Infectious and Zoonotic Diseases Program**

**APPLICATION FOR ANIMAL CONTROL OFFICER CERTIFICATION**

Name of Applicant - First		Middle	Last	Date of Birth
Street Address			Social Security Number	
City		State	Zip Code	Education - Highest Grade Completed
Daytime Telephone Number		Evening Telephone Number		E-mail Address
Present Position			Length of Time Employed as ACO	
Employer			Course Grade	
Course Location		Date Completed		<b>STATE USE ONLY</b>
Signature of Applicant		Date		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Date:
				Cert. No.:

VPH-32  
MAR 06

Distribution: Original - NJDHSS    Copy - Employer    Copy - Applicant