

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

**APPLICATION FOR CERTIFICATION AS AN  
ANIMAL CONTROL OFFICER**

*In order to be certified, an applicant must have satisfactorily completed a training course approved by the New Jersey Department of Health and Senior Services.*

Name of Applicant - <i>First</i> <i>Middle</i> <i>Last</i>			Date of Birth
Street Address			Daytime Telephone Number
City	State	Zip Code	Evening Telephone Number
E-mail Address			Education - Highest Grade Completed
School Where Animal Control Officer Course Was Completed		Course Grade	Date Course Completed
Have you ever been convicted of, or found civilly liable, for a violation of any provision of Title 4, Chapter 22, of the Revised Statutes, otherwise known as the "Animal Cruelty Laws?" ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>STATE USE ONLY</b>
Signature of Applicant		Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Cert. No.: _____