

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

APPLICATION FOR ANIMAL CRUELTY INVESTIGATOR 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		STATE USE ONLY
Signature of Applicant		Date		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
				Date:
				Cert. No.:

VPH-30
MAR 06

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