New Jersey Department of Health
Infectious and Zoonotic Diseases Program

APPLICATION FOR CERTIFICATION AS AN
ANIMAL CRUELTY INVESTIGATOR

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

Name of Applicant - *First* *Middle* *Last*			Date of Birth
Street Address			Daytime Telephone Number
City	State	Zip Code	Evening Telephone Number
E-mail Address			Education - Highest Grade Completed
School/Academy Where Animal Cruelty Investigator 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?" ..... ☐ Yes ☐ No

Signature of Applicant	Date

STATE USE ONLY

Approved: ☐Yes ☐No

Date: _____

Cert. No.: _____

VPH-30
JUL 12