NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic Enforcement

Application for Registration of an Incorporated Society or Municipal Animal Control Facility to Euthanize Animals

☐ **Check if Renewal** **Certificate No._____**

FACILITY INFORMATION

Name_____Telephone (____)_____

Address_____County_____

Federal Employer # [__[__] – [__[__[__[__[__[__[__] DEA # [__[__] – [__[__[__[__[__[__[__]

AGENT INFORMATION

Name_____

Address_____

Telephone (_____)_____

PLEASE LIST THE INDIVIDUALS TO WHOM YOU DISPENSE A CONTROLLED SUBSTANCE

1._____Certificate # [__[__[__[__[__]

2._____Certificate # [__[__[__[__[__]

3._____Certificate # [__[__[__[__[__]

DESCRIBE THE TYPE & LOCATION OF SECURITY USED FOR CONTROLLED SUBSTANCE STORAGE

_____

_____

IDENTIFY YOUR SUPPLIERS OF CONTROLLED SUBSTANCES

1. Company Name_____City & State_____

2. Company Name_____City & State_____

3. Company Name_____City & State_____

Has the society, facility, agent or euthanasia technician been found in violation of any Controlled Substance Laws or any Animal Care Regulation during the past three years? **( ) Yes ( ) No**

AFFIRMATION OF APPLICANT
I affirm under the penalties of perjury, that all statements contained on this application are true and correct.

_____ _____/_____/_____
Signature of Agent Date

_____ _____/_____/_____
Signature of Official of Society or Municipality Date

_____
Title

Mail completed application to: **Bureau of Narcotic Enforcement**
Riverview Center
150 Broadway
Albany, New York 12204
1-866-811-7957 (Option #3)