

Application for Registration as a Controlled Substance Agent for a Facility Certified for Euthanasia of Animals

Title 10 of New York State Rules and Regulations Part 80.134 sets forth the requirements for registration for individuals who will be the Controlled Substance (CS) Agent for an entity registered to perform euthanasia of animals. Information on this form must be typed, printed, or filled-in using Adobe Acrobat.

Each CS Agent is required to complete this form. A CS Agent cannot be the Euthanasia Technician at the same time the CS Agent is performing euthanasia of an animal. A secondary CS Agent would be required to be the CS Agent if the primary CS Agent will be acting as the Euthanasia Technician.

Check One: Primary CS Agent OR Secondary CS Agent

Applicant

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Home Address

Street: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

E-mail Address: _____

Current BNE Euthanasia Technician Number, if applicable: _____

CS Agent Affirmation *Check the appropriate box for each question below:*

- | | | |
|--|------------------------------|-----------------------------|
| Have you been convicted of a felony relating to controlled substances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a violent felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a felony relating to theft? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted of a misdemeanor relating to controlled substances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been convicted under the Agriculture and Markets Law relating to the treatment of animals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been found to be in violation of Article 33 of the Public Health Law or provisions of Part 80.134? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been suspended, revoked or denied application by the Federal Drug Enforcement Agency? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you been found to have failed to provide adequate safeguards against diversion of a controlled substance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I affirm that all information contained on this form is true and correct, to the best of my knowledge, and that I will abide by all laws and regulations pertinent to controlled substances. False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Applicant's Signature: _____ Date: _____

OFFICIAL USE

Approved by _____

Denied by _____

Date _____

Employment Verification

This section is to be completed by the Chief Official of the Incorporated Society for the Prevention of Cruelty to Animals (SPCA) or Municipal Animal Control Facility who is currently employing the applicant listed on page one.

I, _____ attest that _____
Print first and last name *Print applicant's first and last name*

is currently employed by the _____
Print name of registered Society or Facility

as a _____ and began employment on _____
Print job title

I affirm that all information contained on this form is true and correct, to the best of my knowledge, and that I will abide by all laws and regulations pertinent to controlled substances. False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Chief Official's Signature *Date Signed*

Submit completed application to:

E-mail documents to:
narcotic@health.ny.gov

Fax documents to:
518-402-0709

Or mail, only if necessary to:
Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204