Commonwealth of Pennsylvania
Department of Agriculture
Bureau of Animal Health and Diagnostic Services
2301 N. Cameron St.
Harrisburg, PA 17110
Telephone: 717-783-6897

Fax: 717-787-1868

<u>RENEWAL</u> APPLICATION FOR CERTIFIED POULTRY TECHNICIAN LICENSE

Instructions:

- Please Print Clearly.
- Applicants must be at least 18 years of age.
- Please complete every question. Do not leave any blank spaces. Put "none" or "n/a," as appropriate, in any space you would otherwise leave blank.

1.	NAME:			
	Last		Middle Initial	First
2.	ADDRESS:			
		Street or Box 1	Number	
	City		State	Zip
3.	COUNTY: _			
4.	TELEPHONE NUMBER:			
5.	FAX NUMBER:			
6.	E-MAIL ADDRESS (REQUIRED or you must check in regularly for updates):			
7. CURRENT AGE: 8. DATE OF BIRTH: 9. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? Check one: Yes: No:				
Sl a or	JMMARY TRA	AFFIC CITATIO riction" to apply filty plea, or ente	CONVICTED OF A CRIME OT N? (note: for purposes of this re to any crime with respect to white red a plea of nollo contendere /	sponse, please consider ch you were found guilty,

purposes of this response, please attach additional pages, if needed): a. Location and Name of Court: b. Criminal charge/offense: c. Date of Violation: d. Description of Violation: e. Sentence Imposed: _____ f. Whether you are currently on parole or probation for this offense and, if so, until when: 11. DESCRIBE THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED: a. If elementary school, highest grade completed: b. If high school, highest grade completed: c. If college, number of years completed, and any degrees awarded: d. If postgraduate education, number of years completed, and any degrees awarded: e. Other education: Verification: I understand that this document is an application to the Pennsylvania Department of Agriculture for a Certified Poultry Technician License. I offer the foregoing (and any attachments) in support of this application. All statements in this application are true and correct to the best of my knowledge, information and belief; and I make these statements subject to the penalties of 18 Pa.C.S.A. section 4904 (relating to unsworn falsification to authorities). SIGNATURE OF APPLICANT: _____(DO NOT PRINT) DATE: *What classification best describes your work as a CPT? Backyard (exhibition) poultry \Box ; Commercial poultry \Box ; Live bird market system poultry *Would you like to have your contact information posted on the PDA website to be available to the public? Yes: No: Renewal is required every two years prior to January 1. Please forward this renewal application and a **check in the amount of \$10.00** (made out to Commonwealth of PA) to Stacy Etzweiler

at PDA (see address at top of form) to renew.

If you checked "yes," please provide the following information with respect to **each** criminal conviction for other than a summary traffic citation (note: for