

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

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 Number

City State Zip

3. COUNTY: _____

4. TELEPHONE NUMBER: _____

5. FAX NUMBER: _____

6. E-MAIL ADDRESS: _____

7. CURRENT AGE: _____ 8. DATE OF BIRTH: _____

9. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? Check one: Yes: _____
No: _____

10. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A SUMMARY TRAFFIC CITATION? (note: for purposes of this response, please consider a criminal “conviction” to apply to any crime with respect to which you were found guilty, or entered a guilty plea, or entered a plea of *nollo contendere* / “no contest”.) Check one: Yes: _____ No: _____

If you checked “yes,” please provide the following information with respect to **each** criminal conviction for other than a summary traffic citation (note: for purposes of this response, please attach additional pages, if needed):

- a. Location and Name of Court: _____
- b. Criminal charge/offense: _____
- c. Date of Violation: _____

