

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: _____

- 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 ; **Commercial poultry** ; or
Live bird market system poultry

*Date/location of CPT training: _____

*Would you like to have your contact information posted on the PDA website to be available to the public?
 Yes: _____ No: _____

To register for CPT training, please forward this completed application to Stacy Rakocy (srakocy@pa.gov) at the Bureau of Animal Health and Diagnostic Services, 2301 N Cameron St, Harrisburg PA 17110. Fax number: 717-787-1868.

After classroom and field training is successfully completed, please forward the **completed skills checklist and a check in the amount of \$10.00** (made out to Commonwealth of PA) to Stacy Rakocy at the Bureau of Animal Health and Diagnostic Services to receive your Certified Poultry Technician license.