

Title 10 of New York State Rules and Regulations Part 80.134(f) sets forth the requirements for registration and certification of individuals to administer solution for euthanasia of animals. Information on this form must be typed, printed, or filled-in using Adobe Acrobat.

Current NYS BNE Registration# \_\_\_\_\_

**Applicant**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Applicant Affirmation**

Check appropriate box:

Have you been convicted of a felony relating to controlled substances?  YES  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: \_\_\_\_\_

**Attestation of Continuing Education**

Title 10 of New York State Rules and Regulations Part 80.134(g) sets forth the requirements renewal registrants to have completed proof of attendance at a department-sponsored or -approved course in the safe and effective use of solution in the euthanasia of animals.

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

I, \_\_\_\_\_ attest that \_\_\_\_\_  
*Print first and last name of Chief Official* *Print applicant's first and last name*

has received proficient training in the use of injections for the euthanasia of animals. I affirm that I am licensed in New York State as a Veterinarian and my NYSED license number is \_\_\_\_\_.

**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 applicants first and last name*

is currently employed by the \_\_\_\_\_  
*Print name of Society or Facility*

as a \_\_\_\_\_ and began employment on \_\_\_\_\_  
*Print job title*

is currently employed by the \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

BNE Facility Registration Number: \_\_\_\_\_

\_\_\_\_\_  
*Chief Official's Signature* *Date Signed*

**Submit completed application to:**

**E-mail documents to:**  
**[bnlicensing@health.ny.gov](mailto:bnlicensing@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**