



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Euthanasia Program
PO Box 110806, Juneau AK 99811
(907) 465-2550
Email: euthanizedomesticanimals@alaska.gov
ProfessionalLicense.Alaska.Gov/PermitsToEuthanizeDomesticAnimals

**PERMIT APPLICATION
FOR USE OF DRUGS TO EUTHANIZE DOMESTIC ANIMALS**

- ◆ **Application fee:** \$100.00 (nonrefundable)
- ◆ **Permit fee:** \$300.00

Name of Agency: _____

Agency Mailing Address: _____

Address of physical location where drugs will be stored:

Street Address or PO Box

City

State

Zip Code

Contact Name: _____

Contact telephone: _____

CERTIFICATION

I, _____, confirm this application is made in accordance with
Print Full Name

AS 08.02.050, for the above named agency to obtain authorization to purchase, possess and use sodium pentobarbital, sodium pentobarbital with lidocaine, and other drugs as may be authorized in regulations adopted by the Department of Commerce, Community, and Economic Development for the purpose of euthanizing injured, sick, or abandoned domestic animals in the lawful possession of the agency.

Recognized Agency: In accordance with AS 08.02.050(c), an agency may qualify for a permit if the agency is:

- A.** An animal control agency of a municipality;
- B.** A recognized governmental entity; or
- C.** An entity that has contracted with a municipality or recognized governmental entity to perform animal control or animal euthanasia.

CONTINUED ON REVERSE

This application is being submitted by (Check one of three options)

- 1. An animal control agency of a municipality;
Name of the municipality: _____
- 2. A recognized governmental entity;
Name of the governmental entity: _____
- 3. An entity that has contracted with a municipality or recognized governmental entity to perform animal control or animal euthanasia services.

A. If number three (3) above is checked, briefly describe the entity, including ownership of the entity (i.e. corporation, partnership, sole proprietor). Include the name of the corporation, name of partners or the name of the sole proprietor and include the business license number of the entity.

B. Attach a copy of the contract with the municipality or governmental agency, which reflects the contractual agreement for the agency to perform animal control or animal euthanasia services.

On behalf of the agency, I _____, hereby certify that the staff of the agency:
Print Full Name

- 1. will at all times, comply with applicable federal laws related to the use of the drugs which are authorized for use in accordance with AS 08.02.050; and
- 2. will not permit an employee to administer the drugs which are authorized for use in accordance with AS 08.02.050, unless the employee has successfully completed a euthanasia technician certification course approved by the National Animal Control Association, the American Humane Association or the Humane Society of the United States.

I further certify that I have authority to make application on behalf of the agency and that all information contained in this application is true and correct. I understand that any false or misleading information may result in failure to obtain or subsequent revocation of a permit.

Signed _____

Printed Name _____

Title _____

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of, _____

this _____ day of _____, _____.

SEAL

Notary Public

My Commission Expires: _____



THE STATE
of **ALASKA**
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FOR DIVISION USE ONLY

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Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>