

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: \_\_\_\_\_

