



Rod R. Blagojevich, Governor • Chuck Hartke, Director

Bureau of Animal Health & Welfare

P.O. Box 19281 • Springfield, IL 62795-9281 • 217/782-6657 • TDD 217/524-6858 • Fax 217/558-6033

August 25, 2006

To Animal Shelters & Humane Societies:

Enclosed is an application for the upcoming Humane Investigator Seminar and Examination. Two dates are set for the examination this year. The first one is October 24, 2006 in the Illinois Department of Agriculture auditorium, 801 Sangamon Avenue, Springfield. The seminar begins at 9:00 am with the examination to follow at 1:00 pm. The second date is October 25, 2006 at the DePaul College of Law, 1 E Jackson Blvd Room 8005 Auditorium, DePaul Center, Chicago, Illinois. The seminar begins at 9:00 am with the examination to follow at 1:00 pm.

Included is a list of individuals previously sponsored by your organization whose credentials will expire. They will need to retest to keep their credentials. The examination is based on the Illinois Humane Care for Animals Act.

All applicants must provide completed applications, letter of sponsorship from the sponsoring organization, and a letter of recommendation from a veterinarian. All required materials must be received by the Department by October 2, 2006

For additional information, please contact Jackie Eckert at 217/782-6657.

Sincerely,

A handwritten signature in black ink that reads "Mark Ernst".

Dr. Mark Ernst, DVM
Bureau Chief
Bureau of Animal Health & Welfare
Illinois Department of Agriculture

**ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF ANIMAL HEALTH & WELFARE
STATE FAIRGROUNDS - P.O. BOX 19281
SPRINGFIELD, IL 62794-9281
(217) 782-6657**

Application for appointment as an APPROVED HUMANE INVESTIGATOR for the State of Illinois, as provided for in the Illinois Humane Care for Animals Act.

| <u>Name</u> | <u>Address</u> | <u>City</u> | <u>Zip Code</u> | <u>Phone #</u> |
|-------------|----------------|-------------|-----------------|----------------|
| | | | | |

Name and Address of Humane Organization that has designated this applicant for such appointment by official Board action (please include letter from Humane Organization)

| <u>Name of Humane Society</u> | <u>Address</u> | <u>City</u> | <u>Phone #</u> | <u>Countries you will Cover</u> |
|-------------------------------|----------------|-------------|----------------|---------------------------------|
| | | | | |

Name and Address of Veterinarian that is able to provide a reference for the individual listed above. (Please include letter from Veterinarian)

| <u>Name of Veterinarian</u> | <u>Address</u> | <u>City</u> | <u>Phone #</u> |
|-----------------------------|----------------|-------------|----------------|
| | | | |

Briefly describe your experience in caring for animals:

Period of time:

Class of animal, including species:

Briefly state why you wish to become an Approved Humane Investigator:

Have you had formal training in the care of animals?

When and Where?

The undersigned, who is an applicant for the testing procedure and the designation as an Approved Humane Investigator under the Illinois Humane Care for Animals Act, recognizes and agrees to the following:

- 1. The credential, which will be used after successful completion of the examination, is the property of the State of Illinois.**
- 2. The credential shall be surrendered and returned to the Department after the party is no longer affiliated with the cooperating humane society. For appropriate causes, it shall be returned and forfeited to the Department upon demand. Upon request, a formal hearing will be scheduled if the investigator wishes to appeal the revocation.**

Applicant: _____

Date: _____