



THE STATE  
of **ALASKA**

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

**EUT**

FOR DIVISION USE ONLY

**Euthanasia Program**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/EuthanizeDomesticAnimals](https://ProfessionalLicense.Alaska.Gov/EuthanizeDomesticAnimals)

## Permit to Euthanize Domestic Animals Renewal

**July 1, 2025 – June 30, 2027**

- Your permit lapses after June 30, 2025. There is no grace period — it is illegal for an entity to allow an individual who is not a veterinarian to perform euthanasia by injection if your permit has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your permit will be available for printing via the MY LICENSE self-service portal.

### PART I Payment of Fees

<b>Renewal Fees:</b>	<input type="checkbox"/> Biennial Permit Renewal (For permits first issued on or before June 30, 2024)	<b>\$300.00</b>
	<input type="checkbox"/> Prorated Permit Renewal (For permits first issued on or after July 1, 2024)	<b>\$150.00</b>

### PART II Agency Information

<b>Agency Name:</b>		<b>AK Permit Number:</b>	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street City State Zip		
<b>Physical Address:</b> Address change: <input type="checkbox"/>	Street City State Zip		
<b>Agency Contact Name:</b>		<b>Contact Phone:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my permit or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Contact Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			

### PART III Recognized Agency

This application is being submitted by:

- ☐ An animal control agency of a municipality or recognized governmental entity;

<b>Name of the municipality or governmental entity:</b>	
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**-OR-**

- ☐ An entity that has contracted with a municipality or recognized governmental entity to perform animal control or animal euthanasia services.

<b>Alaska Entity Number:</b>	
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<b>Name of the municipality or governmental entity your entity has contracted with to perform animal control or animal euthanasia services:</b>	
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### PART IV Alaska Law

On behalf of the agency renewing this permit I hereby certify the staff of the agency:

- ☐ Have reviewed, understand and will abide by the centralized statutes and centralized regulations applicable to their profession (AS 08.01 - 08.03 and 12 AAC);
- ☐ Will at all times, comply with applicable federal laws related to the use of the drugs which are authorized or the purpose of euthanizing injured, sick, or abandoned domestic animals in the lawful possession of the agency.



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## Signature Page

Agency Contact Name:	
AK Permit Number:	

### PART V Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Agency Contact Signature:		Date Signed:	
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## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the permit may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **PERMIT TERM:**

Permits are issued for a two-year period and expire on June 30 of odd-numbered years, regardless of the date of issuance, except permits issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before permit expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a permit holder from the responsibility of renewing a permit on time.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the permit holder's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the permit must be the entity's current legal name.

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial permit and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.

**AS 08.02.050. Permits for use of drugs to euthanize domestic animals.**

(a) A qualified agency may apply to the department and obtain a permit that authorizes the purchase, possession, and use by the agency of sodium pentobarbital, sodium pentobarbital with lidocaine, and other drugs authorized in regulations adopted by the department for the purpose of euthanizing injured, sick, or abandoned domestic animals in the lawful possession of the agency. To qualify to obtain the permit, the agency shall certify that it will

- (1) comply with applicable federal laws related to the use of the drugs; and
- (2) not permit an employee to administer the drugs 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.

(b) The department may revoke or suspend a permit or take another disciplinary action under AS 08.01.075 if it determines that the agency or an employee of the agency

- (1) improperly used sodium pentobarbital, sodium pentobarbital with lidocaine, or another drug authorized for use under this section;
- (2) failed to follow federal or state laws regarding proper storage and handling of the drugs;
- (3) allowed an employee to administer the drugs before the employee successfully completed the certification course described in (a)(2) of this section; or
- (4) violated this title or a regulation adopted under this title.

(c) In this section, "agency" means an animal control agency of a municipality or recognized governmental entity or an entity that has contracted with a municipality or recognized governmental entity to perform animal control or animal euthanasia services.

(d) The department may adopt regulations to implement this section.



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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:			
Profession Type (e.g., Acupuncture):		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 (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		