



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

Permit Application for Use of Drugs to Euthanize Domestic Animals

AS 08.02.050: 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 if the agency certifies it will comply with applicable federal laws related to the use of the drugs and will not permit an employee to administer the drugs unless they've successfully completed an approved training course. (See the department's website for details.) For the purpose of this law, "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.

PART I Payment of Fees

Required Fees:

☐ Application and Permit Fee (\$100 is Non-Refundable)

\$400.00

PART II Agency Information

Agency Name:

Agency Mailing
Address:

P.O. Box or Street

City

State

Zip

Agency Physical
Address:

P.O. Box or Street

City

State

Zip

Agency Contact
Name:

Contact Phone:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license 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.

Contact Email
Address:

Select One:

- ☐ Send my Correspondence Electronically
☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

PART III Recognized Agency

This application is being submitted by:

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

Name of the municipality or governmental entity:	
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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.

Alaska Entity Number:	
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Name of the municipality or governmental entity your entity has contracted with to perform animal control or animal euthanasia services:	
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- ☐ I understand I must attach a copy of the contract with the municipality/governmental entity listed above that reflects the agreement for this entity to perform the animal control or animal euthanasia services.

PART IV Alaska Law

On behalf of the agency applying for this permit I hereby certify that 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.

Signature

I hereby certify that the above information is true and complete to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain or subsequent revocation of a permit.

Printed Name:		Title:	
Signature:		Date Signed:	mm/dd/yyyy



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ADM

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State of Alaska
PO Box 110806, Juneau, AK 99811
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:		