

STATE OF IDAHO
Division of Animal Industries
PO Box 7249, Boise, ID 83707
(208)332-8540

I hereby make application for a license to practice Artificial Insemination in the State of Idaho. In submitting this application, it is agreed by me if any part of it be found false or fraudulent; I forfeit the right to a license.

Name _____

Address _____
Street No.
City
State
Zip

Phone No. _____ Email _____
Home
Business

INSTRUCTIONS FOR APPLICANTS
(read carefully before filling out your application)

Applicants will answer all questions fully. If application is incomplete, it will be returned and it may result in your application being refused.

After you have answered all questions, sign this application before a Notary Public and mail it to the above address with a certified check or money order in the proper amount.

EDUCATION

Do You Have a High School Diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name & Location:				Number of the Last School Grade Completed:			
Schools Attended After High School or Special Training Received						Total Credit Hours		
NAME	LOCATION City/State	From Mo/Yr	To Mo/Yr	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Degree or Diploma	Major Subject(s)	Sem	Qtr
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
Special Qualifications, Skills, Languages				Kind of License or Certificate		State or Other Licensing Authority		
				Year of First License/Cert.		Year of Latest License/Cert.		

CERTIFICATE OF GRADUATION
(unnecessary if copy of training certificate is attached)

I hereby certify that _____ successfully completed a training
(Name)
in Artificial Insemination held in _____ and taught/sponsored
by _____. Completion date of the training was _____.
(Name of School)

Instructor Signature

What experience have you had in Artificial Insemination? (Attach additional sheets if necessary)

At _____ Date _____
City State

At _____ Date _____
City State

FEES: Application & Exam \$25 Annual Renewal \$5 Reinstatement \$25

Insert in space provided an attested, unmounted photograph of yourself, size 3x3, bust only, taken within the year previous to making application. Across photo, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper.

Answer the following questions:

Date _____

Age _____

Height _____ Weight _____

Color of Eyes _____ Color of Hair _____

Other means of Identification _____

I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public