



Idaho State Department of Agriculture  
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**BRAD LITTLE**, GOVERNOR  
**CHANEL TEWALT**, DIRECTOR

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*

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

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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*