



**State of Connecticut**  
**Department of Agriculture**  
 450 Columbus Boulevard, Suite 703  
 Hartford, CT 06103

# ACO - \_\_\_\_\_

**Form is valid for new applicants only**

**Call 860-713-2512 for renewal applications**

**Animal Control Officer Certification  
 Initial Application**

I hereby apply for an Animal Control Officer certification in the State of Connecticut in accordance with and subject to the provisions of CGS Section 22-328. The applicant must have completed the eighty (80) hour training program required by CGS Section 22-328, or must apply for a provisional certification. In addition, if the eight (80) hour training program was completed more than one year ago, the applicant must also have completed a minimum of six hours of continuing education required by CGS Section 22-328 in the past calendar year. The certificate shall expire on December 31<sup>st</sup> of each year.

Applications cannot be processed if the application is incomplete or illegible.  
 Incomplete applications will be returned for completion and resubmission.

First Name	Middle Initial	Last Name	
Social Security Number ____-____-____	Date of Birth ____/____/____	Home Telephone Number	
Home Street Address	City	State	Zip Code
Name of Municipality	Work Telephone Number	Work Cell Number	
Work Email Address			

<b>Complete Training – Please check one</b>
<input type="checkbox"/> Initial 80 hour training completed - Certificate copy attached
<input type="checkbox"/> Provisional Animal Control Officer - Initial 80 hour training not yet completed

The undersigned applicant states that all of the information contained herein is true to the best of his/her knowledge and agrees that in the event a certificate is granted, said applicant shall comply with all laws, orders, rulings, regulations and directives issued by the Commissioner of Agriculture.		
Printed Name of Applicant	Signature of Applicant	Date of Signature

<b>To be completed by the municipality's appointing authority.</b>			
Name of Police Chief or other appointing authority	Title of Appointing Authority	Applicant's Date of Hire ____/____/____	
Mailing Address of Appointing Authority	City	State	Zip Code
<b>The undersigned states that the information contained is true to the best of his/her knowledge.</b>			
Signature of Appointing Authority		Date of Signature	

You must include a copy of the formal letter of appointment. (see [C.G.S. 22-331\(c\)](#)).

<b>For Agency Use Only</b>		
State ACO Approval	Date Approved	Expiration Date