



## 2019 ILLINOIS

### APPROVED HUMANE INVESTIGATOR APPLICATION

As Provided for in the Illinois Humane Care for Animals Act

Illinois Department of Agriculture  
Bureau of Animal Health & Welfare

Training Location (check one): **Des Plaines** \_\_\_\_\_ **Springfield** \_\_\_\_\_  
November 18, 2019 November 15, 2019

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Counties where investigations will be conducted: \_\_\_\_\_

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**VERIFICATION OF EDUCATION, SPONSORSHIP LETTER AND VETERINARIAN LETTER MUST BE ATTACHED**

Check the type of education attached and attach documentation (i.e. copy of diploma, transcript, other):

\_\_\_\_ High School Diploma or Equivalent (GED) \_\_\_\_ Secondary Education (College)

Please check here if you have previously submitted your education verification

Name of Sponsoring Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

Species that you wish to investigate: \_\_\_\_\_

Number of years' experience with each species listed above: \_\_\_\_\_

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Briefly describe your experience with the species of animals of which you wish to investigate:

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Briefly state why you wish to become an Approved Humane Investigator:

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Have you had formal training in the care of animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where and When: \_\_\_\_\_

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The undersigned, who is an applicant for the examination procedure and the designation as an Approved Humane Investigator under the Illinois Humane Care for Animals Act, recognized and agrees to the following:

1. The credential, which will be issued after successful completion of the examination, is the property of the State of Illinois.
2. The credential shall be returned to the Department upon disassociation with the humane society, suspension of appointment by the Department or voluntary surrender of appointment by the applicant. Upon request, a formal hearing will be scheduled if the investigator wishes to appeal the suspension.

Applicant Signature: \_\_\_\_\_