



Service Animal for People with Disabilities Registration Application

Please complete the application (page 1) and provide Verification Statement (page 2) to the service animal trainer/training facility representative to complete and sign. Sign as indicated on both pages, attach supporting documentation and mail to: **NC Division of Vocational Rehabilitation Services, Attn: Mamie Branch - 2801 Mail Center, Raleigh, NC 27699-2801.**

APPLICANT		
Applicant's Name:		
_____	_____	
<i>First</i>	<i>Middle Initial, Last</i>	
Parent/Guardian (if under 18 years old):		
_____	_____	
<i>First</i>	<i>Middle Initial, Last</i>	
Address:		

<i>Street</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Daytime Phone: (_____) _____		
Email Address:		

Nature of Your Disability (identify all):		

SERVICE ANIMAL
Name of Animal:

Breed: _____ Age: _____
Name of Trainer or Representative of Training Facility (if Trainer's name unknown):

Training Facility/School:

<i>Name</i>

<i>Street Address</i>

<i>City</i> _____ <i>State</i> _____ <i>Zip Code</i>
Phone: (_____) _____
<i>Email Address:</i> _____
Training Certificate Number (if applicable)*

*A verification statement from the trainer must be attached indicating (1) that the animal has satisfactorily completed the training, (2) a description of special skills mastered by the animal, and (3) date of training completion.

Signature of Applicant or Parent/Guardian

Date

For office use only: Tag No. _____	Date Issued _____
_____	_____
Signature of Designated Agency Personnel	Date
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied



Service Animal for People with Disabilities Trainer Verification Statement

_____ (Applicant) has applied for registration of his/her service animal with the State of North Carolina, Department of Health and Human Services.

Please complete the following:

Applicant's Address:

_____ Street _____ City _____ State _____ Zip Code

Training Facility/School Name: _____

Address: _____ Street _____ City _____ State _____ Zip Code

Name of Animal: _____ Breed: _____ Age: _____

Service Animal-specific skills mastered (attach additional pages if necessary):

Date of Training Completion: _____ Projected Date of Training Completion (if in training): _____

I certify that all the statements in this applicaiton and any attached documents are true and correct to the best of my knowledge and belief, and they are made in good faith. I authorize investigation of all statements made in this application. I understand that false information may be grounds for rejection of this application or revocation of permit if already issued.

Signature of Trainer or Representative of Training Facility **Date**

I authorize the above information to be supplied to the North Carolina Department of Health and Human Services for the sole purposes of obtaining a registration for my service animal.

Signature of Applicant or Parent/Guardian **Date**

Please mail application and verification statement to:

**NC Division of Vocational Rehabilitation Services
Attn: Mamie Branch
2801 Mail Center
Raleigh, NC 27699-2801**

**For more information, call (919) 855-3524
or
email mamie.branch@dhhs.nc.gov**