

Fields marked with an asterisk (*) are mandatory.

Section 1 – Applicant Information

Note: If you are certified as an examiner, please be advised that your name, city/town and the telephone number provided will be made available to the public.

Last Name *	First Name *	Middle Initial
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Telephone Number *	Email Address
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Current Occupation

Address

Unit Number	Street Number *	Street Name *	PO Box
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Lot/Concession	City/Town *
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Postal Code *	Province *
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Section 2 – Application Detail

1. Have you ever worked at or operated an abattoir or meat processing plant? * Yes No

If yes, please indicate by checking applicable boxes, explain when, where (name) and location: *

Abattoir Processing Plant Operated Worked

2. Have you ever been convicted of an offense relating to the following, or owned or worked for a business that has been convicted of (a) cruelty to animals, (b) illegal operation of an abattoir or meat plant, (c) illegal slaughter of animals? *

Yes No

If yes, please provide details of the conviction(s) and why it would not be in the public interest to refuse to issue this certificate to you as well as why there are grounds to believe that you will act in accordance with the law. *

3. Please explain any other past professional experiences that may be applicable to the duties of an examiner, such as slaughtering animals or assessing animal conditions.

Section 3 – Declaration

Notice of Collection of Personal Information

Personal information on this form is collected as it is necessary for the proper administration of Part III.1 of Ontario Regulation 31/05: Meat under the *Food Safety and Quality Act, 2001*, S.O. 2001, c.20. It will be used for the purpose of issuing a certificate to act as an Examiner (Non Emergency Slaughter of Food Animals on Producer Premises). Questions regarding the collection should be directed to the Manager, Veterinary Services Unit, Animal Health and Welfare Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, 1 Stone Road West, Guelph ON N1G 4Y2, at 519-766-2537.

I certify that the information submitted in this application is true and correct to the best of my knowledge. *

Name (First and Last Name) *

Title

Date (yyyy/mm/dd) *

For mail submission, send completed form and support documents to: Ministry of Agriculture, Food and Rural Affairs, Animal Health and Welfare Branch, Manager, Veterinary Services Unit, 1 Stone Road West, 5 North West, Guelph ON N1G 4Y2.