

Paperwork Reduction Act

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0579-0490
Approved
Exp. XX/XXXX

Horse Protection Inspector (HPI) Application Template

Introduction paragraph/instructions

APPLICANT INFORMATION

First name _____ MI _____ Last Name _____

Address 1: _____

Address 2: _____

City: _____, State: (state dropdown) Zip: _(number field)_____

Phone: _____ Email: _____

How did you hear about this position? _____

QUALIFICATIONS

Tier 1 Qualifications (*must be met for USDA to evaluate the application*)

Are you a veterinarian? Yes No

Hide/Show based on user selection:

IF YES to Veterinarian

Are you currently licensed to practice veterinary medicine? Yes/No

Which State, are you licensed to practice: **State Dropdown (can select multiple states)**

License number(s) _____

Note: You will need to submit your academic transcripts with this application.

IF NO - If you are not a veterinarian, are you a **Veterinary Technician** or otherwise employed by State or local government agencies to enforce laws/regulations pertaining to animal welfare (ie: Animal Control Officer, Animal Welfare Officer, etc)? Yes No

If yes, what is your Official Title? _____

Ex: If your title is Veterinary Technician, please specify if you are a Registered Veterinary Technician, Certified Veterinary Technician, Licensed Veterinary Technician, Specialized, etc.

If No, please provide an explanation: _____

Note: Veterinary Technicians will need to submit academic transcripts with this application.

EMPLOYER INFORMATION

Name of Current Employer: _____

Employer Address: _____

Employer Phone Number: _____

Name of Immediate Supervisor: _____

Phone Number of Immediate Supervisor: _____

Do you grant permission for your supervisor to be contacted to verify Title and Employment status?

Yes No

Tier 2 Qualifications

Please state, if any, prior experience working with the Horse Protection Act or enforcing the Horse Protection Act and its regulations.

Comment Box

Please state equine experience, including husbandry and care of as well as knowledge of equine science, health, and welfare. Please specifically include any experience, as well as length of time of that experience, that would be used to help in the identification of soring or soring practices.

Have you ever been found to have violated any provision of the Horse Protection Act or its regulations?

Yes No

YES = Show Comments Box for explanation

Have you ever been assessed any civil penalty or have been the subject of a disqualification order in a proceeding involving an alleged violation of the Horse Protection Act or regulations? Yes No

YES = Show Comments Box for explanation

Have you ever been disqualified by the U.S. Department of Agriculture from performing diagnosis, detection, and inspection under the Horse Protection Act? Yes No

YES = Show Comments Box for explanation

Horse Protection Inspectors must not have acted in a manner that calls into question the applicant's honesty, professional integrity, reputation, practices, and reliability. As an HPI applicant, do you authorize APHIS to obtain and review:

1. Criminal conviction records, if any. _____ (e-initials)
2. Official records of applicant's actions while participating in Federal, State, or local veterinary programs, including veterinary board complaints, if any. _____ (e-initials)
3. Judicial determinations in any type of litigation, if any. _____ (e-initials)

I certify that the information provided herein is true and correct to the best of my knowledge. I certify that I am 18 years of age or older. I understand that my application for authorization as a Horse Protection Inspector may be denied for any of the reasons outlined in §11.19(a). I also understand that prior to authorization, I must successfully complete a formal HPI training program administered by APHIS and that authorization may be permanently disqualified if I am found to have failed to inspect horses in accordance with the procedures prescribed by APHIS or otherwise failed to perform the duties necessary for APHIS to enforce the Horse Protection Act and regulations.

e-SIGNATURE

Printed Name

Signature

Date

ATTACHMENTS = Required if Veterinarian or Veterinary Technician

Submit Button = horseprotection@usda.gov

Example submission note to applicant.

"Thank you for your application. We will review and get back to you. If you have any questions, please contact us at horseprotection@usda.gov"