

2025 APPROVED HUMANE INVESTIGATOR TRAINING APPLICATION

Illinois Department of Agriculture Bureau of Animal Health & Welfare

TRAINING INFORMATION

Trainings are scheduled for November 19, 2025, in Springfield and December 3, 2025, in Des Plaines.

| Training Location (select one): | | |
|---|---------------------------|--|
| APPLICATION AND REGISTRATION INSTRUCTIONS | | |
| The below completed application, letter of sponsorship, letter of recommendation from a licensed veterinarian and verification of education should be submitted by November 5 th , 2025 via email to AGR.AHl@illinois.gov. Please note if you have completed testing before and provided your education verification at that time, you do not need to resubmit it for this training. However, new sponsorship letters as well as veterinary recommendation letters are required each training cycle. Incomplete applications will not be registered so please be sure to submit the complete packet. | | |
| APPLICATION | | |
| Applicant Name: | | |
| Email: | | |
| Name of Sponsoring Agency: | | |
| Sponsor Address: | | |
| Sponsor City: | Sponsor Zip Code: | |
| Sponsor County | Sponsor Phone: | |
| Counties where investigations will be conducted: | | |
| | | |
| 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)Secon | ndary Education (College) | |

| \square Please check here if you have previously submitted your education verification | | | | |
|--|--|---|--|--|
| Name | e of Veterinarian: | | | |
| Addres | ess: | City: | | |
| Phone | e: | | | |
| _ | ☐By checking this box I verify that I will only investigate species for which I have two years of experience (raising, caring for, breeding) | | | |
| | ase check this box if you have at leas | t 2 years of equine experience and will be taking the equine | | |
| | e provide a brief description of your ed | ducation and experience, formal and practical, pertaining to | | |
| | | | | |
| Appro | • , , | e examination procedure and the designation as an linois Humane Care for Animals Act, recognizes and agrees to | | |
| 1. | property of the State of Illinois. The credential shall be returned to society, suspension of appointment | after successful completion of the examination, is the the Department upon disassociation with the humane by the Department or voluntary surrender of appointment ormal hearing will be scheduled if the investigator wishes to | | |

Please send completed application and all supporting documents to AGR.AHI@illinois.gov

Applicant Signature: