

CERTIFIED EUTHANASIA TECHNICIAN EMPLOYMENT

SECTION 2 – This section is for the certified euthanasia agency employing the applicant.

Instructions

Per the requirements in [ARM 24.225.904](#), all applicants for certified euthanasia technician must be employed by a Montana licensed certified euthanasia agency. This section is to be filled out by the certified euthanasia agency.

1. BUSINESS NAME: _____
2. BUSINESS AGENT FULL NAME: _____
3. BUSINESS MAILING ADDRESS: _____
4. EMAIL ADDRESS: _____
5. TELEPHONE: _____
6. MONTANA LICENSE NUMBER _____ 7. LICENSE EXPIRATION DATE _____
8. EUTHANASIA TECHNICIAN APPLICANT NAME: _____

The above applicant is currently employed by this certified euthanasia agency.

Legal Signature of Certified Euthanasia Agency Business Agent

Date