



CACO Continuing Education Certificate of Compliance

Animal Control Officer Name _____ *Date of Current CACO expiration* _____

Name of organization _____

Mailing address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I have completed 40 hours of continuing education and training relating to the powers and duties of an animal control officer sponsored or provided by an accredited postsecondary institution, law enforcement agency, or a CalAnimals approved provider.

Yes No Total # CEUs from all pages submitted: _____

I declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Signature _____ Date _____

This Certificate of Compliance is mandated by California Health and Safety Code 26220-26230.

CERTIFICATE SUBMISSION PROCESS

This signed form and a list of all CEU's (use this tracker or similar) must be submitted to CalAnimals no later than 21 days after the expiration of each three-year period. The preferred method is to submit your application for renewal, renewal fee, and Certificate of Compliance, prior to the expiration of your certification period (which is the last day of the month in which your certification was conferred, three years later).

Failure to file the certificate of compliance with CalAnimals no later than 21 days after the expiration of a three-year certification period shall result in a lapse of the CACO's certification status and shall automatically convert to inactive CACO status unless it is redeemed.

Email(preferred), mail, fax, this form and all accompanying documentation to:

CalAnimals
PO Box 249, Penn Valley, CA 95946
Email: info@calanimals.org
Fax Number: 510-525-2772

**Animal Control
Officer Name**

CACO Expires: _____

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

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Hours or CEUs:

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

Topic:

Date of Training:

Training Provider:

Hours or CEUs:

Tracker Page # _____

Please total page Hours or CEUs: _____

**Animal Control
Officer Name**

CACO Expires: _____

Topic:

Training Provider:

Date of Training:

Hours or CEUs:

Topic:

Training Provider:

Date of Training:

Hours or CEUs:

Topic:

Training Provider:

Date of Training:

Hours or CEUs:

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Date of Training:

Hours or CEUs: _____

***Tracker Page # _____**

Please total page Hours or CEUs: _____