

AP407 REQUEST FOR CERTIFICATION AS A DQP FOR FOSH

Instructions:

Please complete this application form in total. The responses must be legible and typed or in ink for acceptance. This form will become part of a permanent record for each applicant

Applying for Certification with the FOSH Inspection Program, does not guarantee that your license will be granted by FOSH.

All DQP applicants for certification must attend an initial DQP training session approved by the USDA. They must also pass a written examination prior to apprenticeship and/or certification as a licensed FOSH DQP. Requirements for initial DQP certification are established by the USDA and include a minimum of 14 hours of training. The FOSH inspection program requires a minimum of 2 apprenticeships at a FOSH affiliated event under the supervision of a FOSH licensed DQP. Renewal of your license requires 4 hours of continuing education annually.

Personal Information *(please print)*

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Phone:(____) _____ - _____ Cell:(____) _____ - _____

Email: _____

1. Prior Certification as a DQP: Yes _____ No _____ if yes list HIO and dates _____

If Yes – Why are you seeking to change your affiliation? _____

2. Prior experience in the equine industry which you feel qualifies you for consideration ?

3. Have you ever been convicted of a felony? Yes _____ No _____

4. Have you ever been convicted of any charge of animal abuse? Yes _____ No _____

If So, details _____

5. Have you ever been convicted or entered into a consent decree for a violation of the federal statute known as the Horse Protection Act (HPA)? Yes _____ No _____ If so when? _____

Details _____

6. Have you ever served a suspension adjudged by a certified HIO for a violation which comes under the parameters of the Horse Protection Act (HPA)? Yes _____ No _____ Date _____

Details _____

7. Are you able to perform repetitive bending and picking up of horses' feet in order to perform the required inspection of horses' feet in the enforcement of the HPA? Yes _____ No _____

8. Why are you interested in pursuing certification as a FOSH DQP? _____

References

Please provide at least two references including names, mailing addresses and phone numbers. One reference must be able to speak to your ability to work around horses, and one reference must be able to speak to your character.

NAME: _____ Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

NAME: _____ Phone: (____) _____

Address: _____ City _____ State _____ Zip _____

By signature below, it is my desire to request certification and licensure as a DQP inspector with FOSH. If my application is accepted and license is issued, I agree to abide by guidelines of the USDA/APHIS while performing inspections. I further agree to review any and all materials and clarify areas of uncertainty with resources available to myself prior to inspection of any and all FOSH affiliated events and horses present. Materials, at a minimum, will include the Horse Protection Act and Regulations, FOSH Inspection Program Rule Book, Horse Protection Training Manual, Horse Protection Inspection Manual, and other materials received during training session and/or for home study. Resources available to myself to enhance my training abilities include, but are not limited to, USDA VMOs, Horse Protection Coordinators, and Deputy Administrator, FOSH licensed DQPs, and FOSH Inspection Program Administration persons.

I further agree that I am capable and willing to determine the difference between Horse Protection issues, state regulations/law, and humane issues. I understand that inspection services provided by myself will relate strictly to the issues addressed as violations under the Horse Protection Act. As a FOSH licensed DQP, I agree to provide inspection services according to guidelines of instruction and within the scope of my capabilities to the best of my abilities. I agree to document possible violations by procedure(s) as instructed and will forward all information regarding potential violations as directed within prescribed time limits.

All records post inspection of an event will be maintained per myself for permanent record keeping by FOSH Inspection Program administration. Required documentation will be sent as directed within 72 hours of the conclusion of the event, as required by the USDA.

I further certify, that I either completed an approved USDA training session or (in case of a previously licensed DQP - that I will complete the continuing education requirements for _____ (year) to be outlined by the FOSH Program Administrator).

____/____/____

Date

Signature

Conflict of Interest Statement:

I certify by my signature that I understand that I may not examine horses for compliance with the HPA that are owned , trained, or exhibited by members of my immediate family, to include step siblings, in-laws, former spouses or persons that could be characterized as significant others, or members of my immediate household. I also understand that I may not be convicted of any felony or have been convicted of any charges related to cruelty to animals of any sort. I further attest that I do not engage in any training practices that would be considered to be illegal under the Horse Protection Act, nor contrary to the principles of Friends of Sound Horses (FOSH).

____/____/____

Date

Signature

All FOSH DQP's are strongly encouraged to be FOSH members. In lieu of a DQP application fee, please complete the enclosed FOSH membership form.

Return this application to:

FOSH Attention HIO Coordinator • 6614 Clayton Rd #105 • St.Louis, MO 63117
866-930-7469

Examination Score ____ Initial 14 hours of training completed ____ 4 Hours Refresher training completed ____