

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Service Animals for People With Disabilities

Service Animal Registration Application

The NC Department of Health and Human Services provides voluntary registration of service animals under the guidance of [NC Statute § 168-4.3](#), and the [Americans with Disabilities Act](#). The ADA defines a service animal as a dog or miniature horse that has been trained to perform tasks for an individual with a disability. Dogs that provide emotional support do not qualify as service animals under the ADA.

Service animal registration is not required under the ADA. If you believe you have been illegally denied access to a public or private business because of your service animal, you may file a complaint with the U.S. Department of Justice, Office of Civil Rights. For more information about service animals or about filing a complaint, call the ADA Information Line at 800-514-0301.

To voluntarily register your service animal, you must complete both pages of this application, obtain required signatures, and follow instructions for submitting the application for review on the next page.

APPLICANT INFORMATION

Applicant's Name: _____ Parent/Guardian Name (if applicant is under 18): _____

First Middle Init. Last *First Middle Init. Last*

Applicant's Permanent North Carolina Street Address:

_____ *Street Address* *City*

_____ *County* *State* *Zip Code*

Phone: _____ Email Address: _____

Describe the nature of your disability, attaching additional pages if needed:

APPLICATION CONTINUES ON NEXT PAGE

Email questions to: serviceanimal.registration@dhhs.nc.gov



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

NCDHHS is an equal opportunity employer and provider.

11/23

Service Animal Training Verification

_____ (Applicant) has applied for registration of a service animal with the NC Department of Health and Human Services.

SERVICE ANIMAL INFORMATION

Animal Name: _____ Breed: _____ Age: _____

Describe the task/s that your service animal has been trained or is being trained to perform, attaching additional pages if needed. Tasks must relate directly to your disability. Please note that basic obedience training is not a specific task.

TRAINER INFORMATION

How was your service animal trained to complete the task/s described above?

Self-Trained	To verify self-training, find a witness that can observe the service animal perform the task/s as described above. The witness then must sign the training affirmation below.
Service Animal Trainer/Facility	Name of Trainer/Facility: _____ Address: _____ Training Completion Date/Projected Date: _____

Signature of Witness or Trainer/Training Facility

Date

APPLICANT CERTIFICATION

By signing below, I certify that all statements in this application and any attached documents are true and correct to the best of my knowledge, and they are made in good faith. I authorize investigation of all statements made and understand that false information may result in rejection or revocation of a permit if already issued.

Signature of Applicant or Parent/Guardian

Date

**SUBMIT COMPLETED APPLICATION TO:
ATTN: Service Animal Registration
2801 Mail Service Center, Raleigh, NC 27699**

For office use only: Approved Denied Date Received: _____

Signature of Designated Agency Personnel

Date