

COLAA & LAWC Alliance Certified Animal Rescue Organization Application

(Please complete this form and return it with the requested documentation)

Legal Name of Organization:							
D/B/A							
Mailing Address:							
City, State, Zip:							
Website							
Facebook Page							
Contact Information: Applicant is authorized to provide information for certification on behalf of the organization above and certifies that this information is accurate.							
Contact Name and Title:							
Contact Telephone:							
Contact E-mail Address:							
How many years has the organic	Years						
Organization Tax ID #:							
Does organization have 501(c)3	Yes No Pending						
Does the organization have Arti	Yes No						
Does organization have attestat	- Yes No						
Conviction of animal cruelty, ne not required)	S						
What Types of animals does the							
How many animals do you curre							
List physical locations for fosters on attached sheet:							
Name & Title of Person Comple	ting						
Application: Signature:							
Email:							
Date:							
- 410.							

Please submit this application along with the "Documents Check-off Sheet" and attachments. Email completed form and attachments to rescuecertification@lawc.la.gov or mail to: COLAA/LAWC Alliance, PO Box 51648, Lafayette, LA 70505-1648



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Loc.	•	Street Address	City	State	Zip
#	Name				

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