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ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE (TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

LICENSE NO.	EXPIRATION DATE	FEES	
		AMOUNT	DATE RECEIVED

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

2. ALL BUSINESS NAMES AND LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

TELEPHONE: ( )

COUNTY:

TELEPHONE: ( )

3. LIST PERSONS OVER 18 YEARS OF AGE AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

4. (A) PREVIOUS USDA LICENSE NUMBER (If any)

(B) ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:

5. TYPE OF LICENSE

Class A - Breeder       Class B - Dealer       Class C - Exhibitor

6. ESTIMATE OF NEXT 12 MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR

7. TYPE OF ORGANIZATION

Individual       Corporation       Partnership

Other (Specify) \_\_\_\_\_

8. APPLICANTS FOR CLASS A OR CLASS B LICENSES MUST COMPLETE THIS BLOCK. (Applicants for Class C licenses go to Block 9)

9. CLASS C (Exhibitor) ONLY List the largest number of animals that you will hold, own, lease or exhibit at any one time during the next business year.

CLASS A (BREEDER) - LINE "D" = 1/2 OF LINE "C" CLASS B (DEALER) - LINE "D" = LINE "C" LESS THE PURCHASE COST OF THE ANIMALS SOLD. (Sections 2.6 and 2.7)		DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
A. ESTIMATE TOTAL NO. OF ANIMALS TO BE PURCHASED IN THE NEXT BUSINESS YEAR		CATS	MARINE MAMMALS	WILD/EXOTIC HOOFSTOCK
B. ESTIMATE TOTAL NO. OF ANIMALS TO BE SOLD IN THE NEXT BUSINESS YEAR		GUINEA PIGS	FARM ANIMALS	BEARS
C. ESTIMATE GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)	\$	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (Not listed elsewhere)
D. ESTIMATE DOLLAR AMOUNT ON WHICH FEE IS BASED	\$	RABBITS	WILD/EXOTIC FELINES	TOTAL (All animals listed in Block 9)

## CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that all listed persons are years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
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