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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)		<b>USDA USE ONLY</b> Applicant should send four (4) completed copies to this address:	
<input type="checkbox"/> Research Facility (Complete items 1, 2, and Sections A, B, and C) <input type="checkbox"/> Exhibitor (Complete items 1, 2, and Sections B and C) <input type="checkbox"/> Carrier (Complete items 1, 2, and Section C) <input type="checkbox"/> Intermediate Handler (Complete items 1, 2, and Section C)		REGISTRATION NO.	DATE REGISTERED
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)	
3. DO YOU USE OR INTEND TO USE DOGS OR CATS OR OTHER ANIMALS COVERED BY THE ANIMAL WELFARE ACT <input type="checkbox"/> Yes <input type="checkbox"/> No		4. DO YOU PURCHASE OR TRANSPORT DOGS OR CATS OR OTHER ANIMALS AS DEFINED IN THE ANIMAL WELFARE ACT <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input type="checkbox"/> Yes <input type="checkbox"/> No		6. IF "YES" IN ITEM 5, "X" OR SPECIFY <input type="checkbox"/> Grant <input type="checkbox"/> Award <input type="checkbox"/> Loan <input type="checkbox"/> Contract <input type="checkbox"/> Other (Specify)	
		7. NAME OF FEDERAL AGENCY(S) SUPPLYING FUNDS	
8. NAME AND LOCATION OF EACH RESEARCH REPORTING FACILITY (see 9 CFR, Section 2.36) WHERE TEACHING, RESEARCH, TESTS, OR EXPERIMENTS ARE CONDUCTED WITH ANIMALS WHICH ARE COVERED BY THIS REGISTRATION. (Use reverse or attach additional sheets.)			
9. NO. ANIMALS USED OR EXHIBITED ANNUALLY (Attach additional sheets if needed)			
A. Dogs	B. Cats	C. Guinea Pigs	D. Hamsters
E. Rabbits	F. Non-human Primates	G. Marine Mammals	H. Other (Specify and give No.)
10. NATURE OR ORGANIZATION OR BUSINESS ("X" one) <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> State, County or Municipal <input type="checkbox"/> Federal		11. TYPE OF OPERATION ("X" each applicable operation) <input type="checkbox"/> College or University <input type="checkbox"/> Hospital <input type="checkbox"/> Exhibitor <input type="checkbox"/> Carrier <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Marine <input type="checkbox"/> Truck	
12. TYPE OF ORGANIZATION <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Association		Other (Specify)	13. STATE WHERE INCORPORATED
		14. DATE INCORPORATED	
15. IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER IF CORPORATION OR ORGANIZATION, IDENTIFY PRINCIPAL OFFICERS (Use reverse, if needed)			
A. NAME	B. TITLE	C. ADDRESS (full address, including zip code)	
<b>CERTIFICATION</b>			
I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge and belief.			
16. SIGNATURE		17. NAME AND TITLE (Type or Print)	18. DATE SIGNED
<b>ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS</b>			
I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Chapter 1, Subchapter A.			
19. SIGNATURE	20. NAME AND TITLE (Type or Print)	21. DATE SIGNED	

SECTION A

SECTION B

SECTION C