

**U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  
**APPLICATION FOR REGISTRATION**  
(TYPE OR PRINT)

USDA USE ONLY	
Applicant should send four (4) completed copies to this address:	
REGISTRATION NO.	DATE REGISTERED

- Research Facility** (Complete items 1, 2, and Sections A, B, and C)
- Exhibitor** (Complete items 1, 2, and Sections B and C)
- Carrier** (Complete items 1, 2, and Section C)
- Intermediate Handler** (Complete items 1, 2, and Section C)

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)
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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 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	H. Other (Specify and give No.)
E. Rabbits	F. Non-human Primates	G. Marine Mammals		

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	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)

**CERTIFICATION**

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
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**ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS**

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
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0247. The time required to complete these information collections are estimated to average .25 hours per response and 5 hours per recordkeeper for 0579-0036 and .25 hours per response and 20 hours per recordkeeper for 0579-0247. These times include time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.