According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 U.S.C. 2136). This application provides information for such registration.

OMB Approved 0579-0036 Exp.xx/xxxx

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**USDA USE ONLY** 

APPLICATION FOR REGISTRATION (TYPE OR PRINT)  NEW REGISTRATION			Applicant should send completed form to this address				
			CERTIFICAT	E NO./CUSTOMER NO:	RENEV	VAL DATE	
1. REGISTRANT (Name and permanent mailing addre	ess, including ZIP Code)			OF BUSINESS, EXHIBITION SITE sheets if necessary)	(s), OR RES	EARCH FACILITIES	
COUNTY: TELEPHONE:							
3. PREVIOUS USDA REGISTRATION NUMBER (If any)			4. ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:				
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS?  Yes No		Class E	REGISTRATION:  S E - Exhibitor Class H - Intermediate Handler  S R - Research Facility Class T - Carrier				
7. FEDERAL FUND TYPES:  Award Contract Grant Loan		8. TYPE OF ORGANIZATION:  Individual Corporation Partnership  Other (University, State, Municipality, LLC, Trust)					
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTM INCLUDE THE INSTITUTIONAL OFFICIAL (Use sep		RTNER OR OFFICE	ER, IF CORPORAT	ION, IDENTIFY PRINCIPAL OFFICE	ERS FOR RE	ESEARCH FACILITIES	
A. NAME	B. TITLE		С.	ADDRESS (full addres	ss, including ZIF	P Code)	
I hereby register as a Research Facility, Exhibitor, Carrier to the best of my knowledge. I hereby acknowledge rece are 18 years of age or older.	r, or Intermediate Handler under ipt of and agree to comply with	CERTIFICATION THE Animal Welfard all the regulations a	e Act, 7 U.S.C. 213	Let seq. and I certify that the information in 9 CFR, Subpart A, parts 1, 2	ation provider and 3. I cert	d herein is true and correct ify that all listed persons	
10. SIGNATURE	11. NAME AND TITLE (Typ	e or Print)		12. SOCIAL SECURITY NUMBI EMPLOYEE IDENTIFICATION		13. DATE SIGNED	

10. SIGNATURE	11. NAME AND TITLE (Type or Print)	12. SOCIAL SECURITY NUMBER OR EMPLOYEE IDENTIFICATION NUMBER	13. DATE SIGNED
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