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| 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 0579-0013. The time required to complete this information collection is estimated to average 1 hour 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. | | | | | | | | | OMB Approved  0579-0013  EXP. DATE XX/XXXX |
| This application must be submitted for issuance of a U.S. Veterinary Biologics Establishment License. The information will assist in determining the qualifications of the establishment to prepare biological products (9 CFR 102). | | | | | | | | | |
| U.S. DEPARTMENT OF AGRICULTURE  ANIMAL AND PLANT HEALTH INSPECTION SERVICE  VETERINARY SERVICES, CENTER FOR VETERINARY BIOLOGICS  **APPLICATION FOR**  **UNITED STATES VETERINARY BIOLOGICS ESTABLISHMENT LICENSE** | | | | | | *FOR VETERINARY BIOLOGICS USE ONLY* | | | |
| ESTABLISHMENT LICENSE NUMBER | | | |
| **INSTRUCTIONS:** Submit one copy of application for each establishment. If additional space is needed, attach additional sheets and refer to Item No. Enclose documents specified in 9 CFR 102.3. | | | 1. TYPE OF APPLICATION ("X" one)  INITIAL  CHANGE OF LICENSE | | | | | 2. DATE SUBMITTED | |
| 3. NAME AND ADDRESS OF APPLICANT *(Include No., Street or RFD Number, City, State, ZIP Code)* | | | | | 4. ADDRESS FOR OFFICIAL MAIL FROM VETERINARY BIOLOGICS | | | | |
| 5. IF INITIAL APPLICATION, ATTACH A COMPLETED APHIS Form 2003 FOR ONE PRODUCT. NAME THE PRODUCT | 6. IF CHANGE OF LICENSE, EXPLAIN PURPOSE OF CHANGE | | | | | | | | |
| 7. TYPE OF ORGANIZATION ("X" one)  CORPORATION  PARTNERSHIP  INDIVIDUAL PROPRIETORSHIP | | | | 8. IF CORPORATION, GIVE STATE IN WHICH INCORPORATED  *(Enclose a certified copy of articles of incorporation, if not previously filed)* | | | | | |
| 9. PRINCIPAL OFFICERS OR PARTNERS | | | | | | | | | |
| A. NAME OF EACH | B. TITLE | | | C. BUSINESS ADDRESS | | | | | |
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| 10. IDENTIFY EACH SUBSIDIARY TO OPERATE IN THE ESTABLISHMENT  *(Enclose a certified copy of articles of incorporation and a letter of approval signed by an authorized officer of each subsidiary named, if not previously filed)* | | | | 11. LIST NAME OF EACH MARKETING DIVISION | | | | | |
| A. NAME OF EACH SUBSIDIARY AND LOCATION  *(if different from Item 3)* | B. STATE IN WHICH  INCORPORATED | | |  | | | | | |
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| 12. LIST THE LOCATION OF ALL PREMISES TO BE USED FOR PREPARATION, TESTING, AND INITIAL SHIPPING *(if different from Item 3)* | | | | | | | | | |
| **CERTIFICATION**  *In accordance with the Act of Congress approved March 4, 1913 (37 Stat. 832-833; 21 U.S.C. 151-158), application is hereby made for a license to maintain an establishment for the preparation of animal biological products for the use in the treatment of domestic animals. If a license is issued by the United States Department of Agriculture under this application, the licensee expressly agrees to comply with the provision of the said Act, and all rules, regulations, and orders of the Department issued pursuant thereto relating to the operation of such establishment and the preparation, testing, and distribution of animal biological products prepared therein, and that the animal biological products will not be labeled or advertised so as to mislead or deceive the purchaser in any particular.* | | | | | | | | | |
| 13. SIGNATURE OF AUTHORIZED OFFICIAL | | 14. TITLE | | | | | 15. DATE SIGNED | | |

APHIS FORM 2001 Previous editions are obsolete.

OCT 2011