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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 0.333 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. | OMB Approved0579-0013EXP. DATE XX/XXXX |
| U.S. DEPARTMENT OF AGRICULTUREANIMAL AND PLANT HEALTH INSPECTION SERVICEVETERINARY SERVICES | **CENTER FOR VETERINARY BIOLOGICS****510 SOUTH 17TH STREET****SUITE 104****AMES, IOWA 50010** |
| **CERTIFICATE OF LICENSING AND INSPECTION** |
| Article I, Section 8, Clause 18 of the Constitution of the United States of America empowers Congress to enact all laws which may be necessary and proper to carry into effect the powers expressly granted to it. One of those laws, the Virus-Serum-Toxin Act (21 U.S.C. 151-159), authorizes the Secretary of Agriculture to license and inspect all veterinary biologics and diagnostics distributed in the United States. No worthless, dangerous, contaminated, or harmful products may be licensed or distributed. |
| I hereby certify that the following manufacturer of biologics or diagnostics has been licensed and inspected under the laws and regulations of the United States |
| 1. NAME AND ADDRESS OF THE MANUFACTURER | 2. U.S. VETERINARY LICENSE NUMBER | 3. DATE ESTABLISHMENT  LICENSE ISSUED |
| I hereby certify that the following veterinary biologic product or veterinary diagnostic product has been licensed and inspected (tested) according to the laws and regulations of the United States of America and is freely marketed at this time. |
| 4. TRUE NAME OF THE PRODUCT | 5. MANUFACTURER'S TRADE NAME | 6. USDA CODE | 7. DATE PRODUCT LICENSE ISSUED |
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| **Signature of Authorized USDA Official** |
| **Title** |
| **Date Signed** |
| **Certificate Number** |
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