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OMB Approved  
0579-0036 and 0579-XXXX  
EXP. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**REQUEST FOR APPROVAL OF HOLDING FACILITY**  
(Animal Welfare Act 7 U.S. C. 2131 et seq.)  
(Type or Print)

INSTRUCTIONS: Submit completed form with original signatures to APHIS, AC, Sector Supervisor for your location. Applicant must complete a separate request for each Holding Facility location. Items 6 through 9 must be completed by the operator of the Holding Facility before submitting the form to APHIS, AC, Sector Supervisor.

**REQUESTOR'S CERTIFICATION OF AGREEMENT**

2. NAME AND ADDRESS OF REQUESTOR (include ZIP code and telephone number)

I certify that the animals to be held at the Holding Facility identified in item 6 below will remain under my (our) total control and responsibility and will be held in compliance with Regulations and Standards contained in 9 CFR, Chapter 1, Subchapter A. In the case of a registered research facility, the undersigned Chief Executive Officer (CEO) or Institutional Officer (IO) in items 3 agrees that the premises identified in item 6 below is a recognized animal site under facility registration.

3. SIGNATURE (CEO or IO in case of registered research facility)

4. NAME AND TITLE (Type or print)

5. DATE SIGNED

**HOLDING FACILITY - CERTIFICATION OF AGREEMENT BY OPERATOR**

6. NAME AND ADDRESS OF HOLDING FACILITY (include ZIP code and telephone number)

I agree to comply with the Regulations and Standards contained in 9 CFR, Chapter 2, Subchapter A. I further agree to allow APHIS Officials to inspect my premises for use as a holding for the Licensee or Registrant identified in item 2 above.

7. SIGNATURE OF OPERATOR (or authorized official)

8. NAME AND TITLE (type or print)

9. DATE SIGNED

**APHIS, REAC, SECTOR SUPERVISOR FOR STATE WHERE HOLDING FACILITY IS LOCATED**

APPROVED

DISAPPROVED

COPY OF ANIMAL CARE INSPECTION REPORT  
ATTACHED (APHIS 7008)

10. SIGNATURE OF APHIS, AC, SECTOR SUPERVISOR

11. DATE SIGNED

**APHIS, REAC, SECTOR SUPERVISOR FOR STATE WHERE REQUESTOR IS LOCATED**

APPROVED

DISAPPROVED

12. SIGNATURE OF APHIS, AC, SECTOR SUPERVISOR

13. DATE SIGNED

This collection of information is voluntary; however, no facility may become an Approved Holding Facility unless this form has been completed. After inspection this form will be used to approve or disapprove the facility.

PART 1-SECTOR OFFICE  
PART 2- HOLDING FACILITY