

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 this information collection is estimated to average .5 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 Approved
0579-0036
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)

1. REQUESTOR'S LICENSE OR REGISTRATION NUMBER

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.

Form Copy Designations

PART 1-SECTOR OFFICE
PART 2- HOLDING FACILITY