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.

8. IF INDIVIDUAL IDENTIFY EACH OWNER: IF PARTNERSHIP, IDENTIFY EACH

Every research facility, 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

UNITED STATES DEPARTMENT OF AGRICULTURE **USDA USE ONLY** ANIMAL AND PLANT HEALTH INSPECTION SERVICE Applicant will send completed form to this address: APPLICATION FOR REGISTRATION (TYPE OR PRINT) **CERTIFICATE NUMBER/CUSTOMER NUMBER** RENEWAL DATE **NEW REGISTRATION** 1. REGISTRANT (Name and permanent mailing address, including ZIP Code): 2. ALL BUSINESS NAMES AND SITE LOCATION(S). Use additional sheets, if necessary TELEPHONE NUMBER: COUNTY: 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 6. TYPE OF REGISTRATION: RESEARCH, TESTS, OR EXPERIMENTS? Class H - Intermediate Handler Class T – Carrier | Yes l No Class R - Research Facility 7. TYPE OF ORGANIZATION: Individual Corporation Partnership Other

PARTNER OR OFFICER; IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDING THE INSTITUTIONAL OFFICIAL (Use separate sheet, if needed) RODENTS **NONHUMAN** DOGS (Do not include lab rats or **PRIMATES** mice) WILD/EXOTIC CATS MARINE MAMMALS **HOOFSTOCK GUINEA PIGS** FARM ANIMALS П **BFARS** WILD/EXOTIC WILD/EXOTIC **HAMSTERS** MAMMALS **CANINES** (Not listed elsewhere) WILD/EXOTIC **RABBITS** OTHER **FELINES** 

9. LIST THE TYPE OF ANIMAL(S) USED IN YOUR BUSINESS.

CERTIFICATION

I hereby register as a Research Facility, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C. 2131 et seq. and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

| 10. SIGNATURE | 11. NAME AND TITLE (Type or Print) | 12. DATE SIGNED |
|---------------|------------------------------------|-----------------|
|               |                                    |                 |
|               |                                    |                 |