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Every research facility, exhibitor, 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  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
APPLICATION FOR REGISTRATION  
(TYPE OR PRINT)**

**NEW REGISTRATION**

**USDA USE ONLY**

Applicant should send completed form to this address:

**CERTIFICATE NO./CUSTOMER NO:**

**RENEWAL DATE**

1. REGISTRANT (Name and permanent mailing address, including ZIP Code):

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES  
(Use additional sheets, if necessary):

COUNTY:

TELEPHONE:

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 RESEARCH, TESTS, OR EXPERIMENTS?

Yes     No

6. TYPE OF REGISTRATION:

Class E - Exhibitor                       Class H - Intermediate Handler  
 Class R - Research Facility               Class T - Carrier

7. FEDERAL FUND TYPES:

Award     Contract     Grant     Loan

8. TYPE OF ORGANIZATION:

Individual                       Corporation                       Partnership  
 Other (University, State, Municipality, LLC, Trust)

9. IF INDIVIDUAL, IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES  
INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet, if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)

**CERTIFICATION**

I hereby register as a Research Facility, Exhibitor, 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. SOCIAL SECURITY NUMBER OR  
EMPLOYEE IDENTIFICATION NUMBER

13. DATE SIGNED

ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS