

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 .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.

OMB Approved
0579-0036
Exp. XX/XX/XXXX

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

TITLE

State:

Customer Number:

PLEASE NOTE: IF CERTIFICATE IS ISSUED TO A PARTNERSHIP, ALL PARTNERS' NAMES AND SOCIAL SECURITY NUMBERS OR TAX IDENTIFICATION NUMBERS MUST BE PROVIDED.

IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires APHIS to obtain your Federal Taxpayer Identification Number. This would be either your Federal Employer Identification Number or your Social Security Number(s). This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the Federal Government.

OUR COMPUTER SYSEM WILL NOT ALLOW PROCESSING OF YOUR APPLICATION OR RENEWAL WITHOUT THIS NUMBER.

Your SSN or EIN will no longer appear on the renewal form because of new security procedures. However, to renew, you must resubmit your SSN or EIN number. IF THE NUMBER SUBMITTED DOES NOT MATCH YUOUR PREVIOUSLY SUBMITTED NUMBER, YOU WILL BE CONTACTED FOR CLARIFICTION. IF YOU CHANGE THE SSN, TAX ID NUMBER, AND/OR TYPE OF ORGANIZATION WE HAVE ON FILE, YOU MAY HAVE TO APPLY FOR A NEW LICENSE/REGISTRATION. Thank you for your cooperation.

Business Name in Block 1:

AND

Federal Taxpayer Identification Number:

OR

Individual Name in Block 1:

AND

Social Security Number:

OR as in Block 1:

Partner Name:

Social Security Number:

Partner Name:

Social Security Number:

Partner Name:

Social Security Number:

Partner Name:

Social Security Number:

Partner Name:

Social Security Number: