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 0579-0430. The time required to complete this information collection is estimated to average 1 hour 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 0579-0430 Exp. 02/2025

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

## **NVSL Contact Information Update**

	VETERINAR	Y SERVICES	5				
Name of Busin		Business type:					
Address 1:							
Address 2:							
City:		State/Province:					
Postal Code:		Country:					
Business Phon	Ducinosa Fay Numb	nor (Ortional)			Pusings Promises ID:		
Business Phon	Business Fax Numb	Jei (Optionai).			Business Premises ID:		
Business Emai	I Address(s) (To be included)	led in all reports ass	ociated with this business):				
Individuals A	Authorized to Subn	nit and Incur	Expenses Under th	is Business (	Select I	ndividual	and Enter Contact Information)
Individual:	□ Veterinarian	<u> </u>					ner (Specify)
Salutation:	First Name:		Middle Name:	icuitii i coiiiii	Last Name:		iei (opeany)
Individual Email Address(s) (To be included in all reports sub-			bmitted):	d): Phone Number:			National Veterinary Accreditation Number (Optional):
Individual	☐ Veterinarian	□ Biolog	ict	lealth Techni	oion		ner (Specify)
Salutation:	First Name:	☐ Biolog	Middle Name:	leaith reciini	Last Na		іеі (эреспу)
Individual Ema	 il Address(s) (To be inclu	ded in all reports sub	omitted):	Phone Num	ber:		National Veterinary Accreditation Number (Optional):
Individual:	☐ Veterinarian	☐ Biolog	ist 🗌 Animal H	lealth Techni	cian	☐ Oth	ner (Specify)
Salutation:	First Name: Middle Name:			Last Name:			
Individual Ema	il Address(s) (To be inclu	ded in all reports sub	bmitted):	Phone Num	ber:		National Veterinary Accreditation Number (Optional):
Individual:	<b>□</b> Veterinarian	☐ Biolog	ist 🗌 Animal H	lealth Techni	cian	☐ Oth	ner (Specify)
Salutation:	First Name:		Middle Name:		Last Na		\ 1
Individual Ema	il Address(s) (To be inclu	ded in all reports sub	bmitted):	Phone Num	ber:		National Veterinary Accreditation Number (Optional):
Individual:	☐ Veterinarian	☐ Biolog	ist ☐ Animal H	lealth Techni	cian	□ Oth	ner (Specify)
Salutation:	First Name:		Middle Name:	ioditii Toomii	Last Na		ior (oposity)
Individual Ema	il Address(s) (To be inclu	ded in all reports sub	bmitted):	Phone Num	ber:		National Veterinary Accreditation Number (Optional):
Commentel	Additional Instructi	one:					· · · ·
Comments/F	รฉฉานบาลา การเกนติเ	uiis.					
			e it from your active	files.			
-	ted forms via one	of the followi	ing ways:				
	info@usda.gov						

Mail: USDA/APHIS/VS/National Veterinary Services Laboratories | Attn: LIMS Contact Update | 1920 Dayton Ave. | Ames, IA 50010

VS FORM 4-10 JUN 2024