	Customer ID $\#$ 24406	600
nduct or sponsor, and a person is not I OMB control number. The valid OMB irred to complete the information me for reviewing instructions, searching matching and reviewing the collection of	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 against time.	OMB Approved 0579-0036

According to the Paperwork Reduction Act of 1995, an agency may not co required to respond to, a collection of information unless it displays a valid control number for this information collection is 0579-0036. The time requ 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.

USDA (7 U.S.C. 2136). This application provides information for such registration.

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UNITED STATES DEPARTMENT OF AGRICULTURE		USDA USE ONLY						
ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR		Applicant will send completed form to this address:						
REGISTRATION (TYPE OR PRINT)		USDA-APHIS-Animal Care 2150 Centre Avenue, Building B Mail Stop # 3W11 Fort Collins, CO 80526-8117						
		CERTIFICATE NUM	BER/CI	JSTOMER NUMBER		NEWAL DATE	(U de	
NEW DECISTRATION		2114	AL		-	0 20 21		
NEW REGISTRATION		2 ALL BUSINESS NAL	OIL AND	V		10-29-21		
1. REGISTRANT (Name and permanent mailing address, including ZIP Code): GNF - NIBRI		2. ALL BUSINESS NAMES AND SITE LOCATION(S). CONF-NIBRI 10675 John Jay Hopkins 10675 John Jay Hopkins						
10675 John Jay	HOPKINS Dr.	10675 3	idhn	Jay Hopkins				
(85	LEPHONE NUMBER: 8) 812-2500	COUNTY: SAP				ss) 812-2500	>	
3. PREVIOUS USDA REGISTRATION NUMB		4. ACTIVE USDA CER			HAVE A	N INTEREST:		
5. ARE YOU USING FEDERAL FUNDS TO C RESEARCH, TESTS, OR EXPERIMENTS?		OF REGISTRATION:						
□Yes XNo	\sim	ass H – Intermediate ass R - Research Fa		er 🗌 Cla	ss T –	Carrier		
7. TYPE OF ORGANIZATION:								
	rporation Partner	rship	Other					
- ×								
8. IF INDIVIDUAL, IDENTIFY THE OWNER; II PARTNER OR OFFICER; IF CORPORATION OFFICERS. FOR RESEARCH FACILITIES IN INSTITUTIONAL OFFICIAL. (Use separate sf	OR OTHER, IDENTIFY PRINCIPAL CLUDE THE NAME OF THE	9. CHECK THE TYPE (OF ANIM	AL(S) USED IN YOUR BUSINE	SS.			
A. NAME	B. TITLE							
		DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)		
		CATS		MARINE MAMMALS		WILD/EXOTIC HOOFSTOCK		
		GUINEA PIGS		FARM ANIMALS		BEARS		
(b) (6), (b) (7)(C)	HAMSTERS	×	WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (Not listed elsewhere)		
		RABBITS		WILD/EXOTIC FELINES		OTHER		
***************************************		CERTIFICATION					1	

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.



APHIS FORM 7011A MAR 2013

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