

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.

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

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**APPLICATION FOR
REGISTRATION**
(TYPE OR PRINT)

NEW REGISTRATION

USDA USE ONLY

Applicant will send completed form to this address:

USDA-APHIS-Animal Care
2150 Centre Avenue, Building B
Mail Stop # 3W11
Fort Collins, CO 80526-8117

CERTIFICATE NUMBER/CUSTOMER NUMBER

33-R-0162

RENEWAL DATE

27 Feb 2023

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

AHED of OHIO INC dba Rockford Career College
1130 S. Alpine Rd, Suite 100
Rockford, IL 61108

2. ALL BUSINESS NAMES AND SITE LOCATION(S).

1130 S. Alpine Rd, Suite 100
Rockford, IL 61108

☐ Use additional sheets, if necessary

COUNTY: Winnebago

TELEPHONE NUMBER:
815-965-8616

COUNTY: Winnebago

TELEPHONE NUMBER: 815-965-8616

3. PREVIOUS USDA REGISTRATION NUMBER (If any):

Certificate NO: 33-R-153
Cust NO: 331179

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 H – Intermediate Handler

☐ Class T – Carrier

☒ Class R - Research Facility

7. TYPE OF ORGANIZATION:

☐ Individual

☒ Corporation

☐ Partnership

☐ Other _____

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

A. NAME B. TITLE

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

DOGS

☒

NONHUMAN
PRIMATES

☐

RODENTS
(Do not include lab rats or mice)

☐

CATS

☒

MARINE MAMMALS

☐

WILD/EXOTIC
HOOFSTOCK

☐

GUINEA PIGS

☐

FARM ANIMALS

☐

BEARS

☐

HAMSTERS

☐

WILD/EXOTIC
CANINES

☐

WILD/EXOTIC
MAMMALS
(Not listed elsewhere)

☐

RABBITS

☒

WILD/EXOTIC
FELINES

☐

OTHER

☐

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

2/20/2020