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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)

USDA USE ONLY

NEW REGISTRATION

CERTIFICATE NUMBER/CUSTOMER NUMBER

84-R-0093

RENEWAL DATE

20 AUG 2023 AB

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

Mountain West Research LLC dba
CARE RESEARCH
6200 E. CR. 56
FORT COLLINS, CO 80524
COUNTY: Larimer TELEPHONE NUMBER: 970-493-0118

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

Mountain West Research LLC dba CARE RESEARCH
6200 E. CR. 56
FORT COLLINS, CO 80524
COUNTY: Larimer TELEPHONE NUMBER: 970-493-0118

☐ Use additional sheets, if necessary

3. PREVIOUS USDA REGISTRATION NUMBER (If any):

NA

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
Sam Hendrix, DVM	PRESIDENT
NA	NA
NA	NA
NA	NA
NA	NA

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

DOGS	<input checked="" type="checkbox"/>	NONHUMAN PRIMATES	<input type="checkbox"/>	RODENTS (Do not include lab rats or mice)	<input type="checkbox"/>
CATS	<input type="checkbox"/>	MARINE MAMMALS	<input type="checkbox"/>	WILD/EXOTIC HOOFSTOCK	<input type="checkbox"/>
GUINEA PIGS	<input checked="" type="checkbox"/>	FARM ANIMALS	<input checked="" type="checkbox"/>	BEARS	<input type="checkbox"/>
HAMSTERS	<input checked="" type="checkbox"/>	WILD/EXOTIC CANINES	<input type="checkbox"/>	WILD/EXOTIC MAMMALS (Not listed elsewhere)	<input type="checkbox"/>
RABBITS	<input checked="" type="checkbox"/>	WILD/EXOTIC FELINES	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

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.

(b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

Sam Hendrix, DVM, PRESIDENT

12. DATE SIGNED

19 JUN 20