



United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Animal Care

EXPIRATION DATE: NOVEMBER 10, 2022

This is to certify that  
PACIFIC BIOLABS

is a registered  
under the CLASS R RESEARCH FACILITY

## Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 93-R-0189

Customer No. 1143

A handwritten signature in black ink, which appears to read "Elizabeth Golding". The signature is written in a cursive, flowing style.

Deputy Administrator

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, exhibitor, 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

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**APPLICATION FOR REGISTRATION**  
(TYPE OR PRINT)

**REGISTRATION UPDATE**

**USDA USE ONLY**

Applicant should send completed form to this address

USDA APHIS ANIMAL CARE  
Western Region  
Building B Mailstop 3W11  
2150 Centre Ave.  
Fort Collins, CO 80526-8117  
(970) 494-7478

CERTIFICATE NO./CUSTOMER NO:  
93-R-0189  
1143

RENEWAL DATE  
10 NOV 2019

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

PACIFIC BIOLABS  
551 LINUS PAULING DR.  
HERCULES, CA 94547

COUNTY : CONTRA COSTA

TELEPHONE : (510) 964-9000

2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES  
(Use additional sheets if necessary)

(b) (7)(F)

3. PREVIOUS USDA REGISTRATION NUMBER (if any)

4. ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRYOUT RESEARCH, TESTS, OR EXPERIMENTS?

☐ Yes ☒ No

6. TYPE OF REGISTRATION:

☐ Class E - Exhibitor ☐ Class H - Intermediate Handler  
☒ Class R - Research Facility ☐ Class T - Carrier

7. FEDERAL FUND TYPES:

☐ Award ☐ Contract ☐ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Individual ☒ Corporation ☐ Partnership  
☐ Other (University, State, Municipality, LLC, Trust)

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

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

**CERTIFICATION**

I hereby register as a Research Facility, Exhibitor, 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 (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C)	12. SOCIAL SECURITY NUMBER OR EMPLOYEE IDENTIFICATION NUMBER (b) (6), (b) (7)(C)	13. DATE SIGNED 9/19/19
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ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS