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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

74-R-0236

RENEWAL DATE

3 NOV 2023

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

Signature Science, LLC
8329 North Mopac Expressway
Austin, TX 78759

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

Signature Science, LLC
(b) (6), (b) (7)(C), (b) (7)(F)

☐ Use additional sheets, if necessary

COUNTY:

Travis

TELEPHONE NUMBER:

512-533-2000

COUNTY:

Albemarle

TELEPHONE NUMBER:

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

3. PREVIOUS USDA REGISTRATION NUMBER (if any):

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

USDA APHIS Permit #194925 and #P330-20-00119

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 LLC

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
William M. Thompson	President/CEO
(b) (6), (b) (7)(C)	

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 type="checkbox"/>	FARM ANIMALS	<input type="checkbox"/>	BEARS	<input type="checkbox"/>
HAMSTERS	<input type="checkbox"/>	WILD/EXOTIC CANINES	<input type="checkbox"/>	WILD/EXOTIC MAMMALS (Not listed elsewhere)	<input type="checkbox"/>
RABBITS	<input 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.

10. SIGNATURE

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

11. NAME AND TITLE (Type or Print)

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

12. DATE SIGNED

9/18/2020