

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)

**USDA USE ONLY**

**NEW REGISTRATION**

CERTIFICATE NUMBER/CUSTOMER NUMBER

23-R-0180 332218

RENEWAL DATE

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

1505 Race Street  
Bellet Bldg. Room 1028  
Philadelphia, PA 19102

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

☐ Use additional sheets, if necessary

(b) (7)(F)

COUNTY:

TELEPHONE NUMBER:  
215 895 6060

COUNTY: Philadelphia

TELEPHONE NUMBER:  
215 762 7969

3. PREVIOUS USDA REGISTRATION NUMBER (if any):

23-R-0180

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

John A. Fry

President

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

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

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

11. NAME AND TITLE (Type or Print)

12. DATE SIGNED

10/7/2020