

21-02164\_000026

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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)

**REGISTRATION UPDATE**

**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

74-R-0192 / 42194

RENEWAL DATE

September 14, 2020

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

The Methodist Hospital Research  
Institute 6670 Bertner Avenue, MS  
R4-218  
Houston, TX 77030

COUNTY:

Harris

TELEPHONE NUMBER:

713-441-8685

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

☐ Use additional sheets, if necessary

6670 Bertner Avenue  
Houston, TX 77030

COUNTY:

Harris

TELEPHONE NUMBER:

713-441-8685

3. PREVIOUS USDA REGISTRATION NUMBER (If any):

74-R-0192

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

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

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

DOGS	<input checked="" type="checkbox"/>	NONHUMAN PRIMATES	<input checked="" 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 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.

10. SIGNATURE

DocuSigned by:

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

11. NAME AND TITLE (Type or Print)

12. DATE SIGNED

9/15/2020 | 8:41