

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Subject: Registration Renewal for Biomedical Research Models; 14-R-0192; CID 23918
Date: Thursday, January 7, 2021 12:37:49 PM
Attachments: [2021 Biomere Registration Application FINAL Signed 1.7.21.pdf](#)

Good Afternoon,

Please find attached the Renewal for Biomedical Research Models; 14-R-0192; CID 23918.

Please let me know if you require any additional information.

Thank you,

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



E-Mail: (b) (6), (b) (7)(C)@biomere.com

Direct Line: (b) (6), (b) (7)(C)

Website: www.Biomere.com

VISIT OUR NEW WEBSITE!

Request access to **The Concourse**, our private life science sharing community and gain access to a wealth of resources from key subject matter experts.





57 Union Street,
Worcester, MA 01608
508 459 7544 biomere.com

January 7, 2021

United States Department of Agriculture, Animal Care
Fort Collins Office 2150
Centre Avenue, Building B
3W11 Fort Collins, CO 80526

RE: Renewal Update of USDA Registration: Customer Number 23918

Dear Dr. Goldentyer,

The purpose of this letter is to request renewal of Biomere's USDA, APHIS, AC registration (Certificate ID Number: 14-R-0192) to operate research facilities located in Worcester, Massachusetts and update site/locations removing (b) (7)(F)

Biomere has full time veterinarians on staff who are experienced in covered species care.

The following documents are submitted along with this request:

- (a) Application for Registration (APHIS Form 7011A)
- (b) Employer Identification Number (The Federal Debt Collection Act)

If there is any additional information required, please let the undersigned know.

Sincerely/

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

Institutional Official
Biomere

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.		USDA USE ONLY	OMB APPROVED 0579-0036
		APPLICANT SHOULD SEND COMPLETED FORM TO THIS ADDRESS: Send via Mail or Email: Animal and Plant Health Inspection Service Animal Care Fort Collins Office 2150 Centre Avenue Building 8, 3W11 Fort Collins, CO 80526 AnimalCare@usda.gov	
		CERTIFICATE NO./CUSTOMER NO: 14-R-0192 / 23918	RENEWAL DATE: 07-Jan-2021
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR NEW REGISTRATION (TYPE OR PRINT)			
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).			
1. TYPE OF REGISTRATION REQUESTED: <input type="checkbox"/> INTERMEDIATE HANDLER <input type="checkbox"/> CARRIER <input checked="" type="checkbox"/> RESEARCH FACILITY <input type="checkbox"/> FEDERAL RESEARCH FACILITY <input type="checkbox"/> AGRICULTURAL RESEARCH FACILITY <input type="checkbox"/> VETERANS' ADMINISTRATION			
2. TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNIVERSITY <input type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUSTS <input type="checkbox"/> OTHER _____			
3. TYPE OF PUBLIC: (Select one) <input type="checkbox"/> STATE, LOCAL, TRIBAL GOVERNMENT <input checked="" type="checkbox"/> BUSINESS OR OTHER FOR-PROFIT <input type="checkbox"/> NOT-FOR-PROFIT INSTITUTION <input type="checkbox"/> FARM <input type="checkbox"/> FOREIGN OR DOMESTIC FEDERAL GOVERNMENT <input type="checkbox"/> INDIVIDUAL OR HOUSEHOLD			
4. NAME OF REGISTRANT AND MAILING ADDRESS: (SEE INSTRUCTIONS) Biomedical Research Models, Inc. D/B/A Biomere 57 Union St. Worcester, MA 01608		9. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS: INCLUDE DIRECTIONS TO EACH LOCATION (P.O. BOX NOT ACCEPTABLE) <input type="checkbox"/> CHECK THIS BOX IF ADDITIONAL LOCATIONS ARE LISTED ON AN ADDITIONAL SHEET <div style="background-color: black; color: red; font-size: 48pt; text-align: center; padding: 20px;"> (b) (7)(F) </div>	
5. COUNTY: Worcester		Worcester	
6. TELEPHONE: (508) 459-7544		11. TELEPHONE NUMBER AT THIS LOCATION: (508) 459-7544	
7. <input type="checkbox"/> RESIDENTIAL ADDRESS <input checked="" type="checkbox"/> NON-RESIDENTIAL ADDRESS		12. OPTIMAL HOURS FOR INSPECTION AT THIS LOCATION: (DAYS OF THE WEEK AND TIMES OF DAY) Monday, Tuesday, Wednesday or Thursday; 8:00AM to 4:00PM	
8. EMAIL: kguberski@biomere.com		13. WEBSITE: https://biomere.com/	
14. IF INDIVIDUAL, IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES. INCLUDE THE INSTITUTIONAL OFFICIAL. <input type="checkbox"/> CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET.			
NAME	TITLE	ADDRESS (FULL ADDRESS INCLUDING ZIP CODE)	
(b) (6), (b) (7)(C)		(b) (7)(F)	
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.			
15. SIGNATURE: <div style="background-color: black; color: red; font-size: 48pt; text-align: center; padding: 20px;"> (b) (6), (b) (7)(C) </div>		17. DATE SIGNED: 07 Jan 2021	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required 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 this 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.

OMB Approved
0579-0036

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

Federal Debt Collection Form

Clear form

1: State **Massachusetts - MA**

2: Customer Number: 23918

3: Certificate Number: 14-R-0192

The Federal Debt Collection Act of 1996 requires APHIS to obtain your Federal Taxpayer Identification Number. This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN). This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the Federal Government. Your SSN or EIN is required to process your license/registration application.

New license/registration applications: You must submit your SSN or EIN using this form.

Renewing license/registration applications:

- You must resubmit your SSN or EIN number using this form.
- If the number submitted does not match your previously submitted EIN or SSN, your application for license/registration renewal will be returned with instructions and your renewal delayed.
- If your SSN, EIN, and/or type of organization changes, you may have to apply for a new license/registration.

If the license/registration certificate is issued to a corporation or partnership, all partners' names and SSN or EIN must be listed.

4: Business Name or Individual Name or Partner Name:

Name:

Biomedical Research Models, Inc. D/B/A Biomere

5: Federal Taxpayer Identification Number

EIN or SSN:

04-3338250

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:



APPLICATION PACKAGE FOR REGISTRATIONS WITH DOGS AND CATS

APPLICANTS CAN NOW SUBMIT COMPLETED APPLICATIONS TO USDA ANIMAL CARE VIA EMAIL. PLEASE ENSURE ANY AND ALL FORMS ARE COMPLETED PRIOR TO SUBMISSION.

THE FOLLOWING FORMS **MUST** BE COMPLETED FOR ANIMAL CARE TO PROCEED WITH PROCESSING:

- REGISTRATION APPLICATION: APHIS FORM 7011A
- FEDERAL DEBT COLLECTION FORM: APHIS FORM 7030

PLEASE ENSURE THAT ANY OF THE ADDITIONAL FORMS INCLUDED IN THIS PACKAGE THAT PERTAIN TO YOUR OPERATIONS ARE ALSO COMPLETED. IF YOU ARE USING A EMAIL APPLICATION SUCH AS MICROSOFT OUTLOOK, THUNDERBIRD, APPLE MAIL, ETC., CLICK THE '**SUBMIT APPLICATION**' BUTTON BELOW TO SUBMIT YOUR APPLICATION. THIS BUTTON ELIMINATES THE NEED FOR YOU TO MANUALLY ATTACH YOUR APPLICATION TO AN EMAIL. IF YOU ARE USING A WEB BASED EMAIL SYSTEM SUCH AS GMAIL, YAHOO, ETC., SAVE YOUR APPLICATION, ATTACH IT TO AN EMAIL, AND SEND IT TO ANIMALCARE@USDA.GOV. YOU WILL RECIEVE AN AUTOMATIC EMAIL REPLY WHICH INDICATES THAT ANIMAL CARE HAS RECEIVED YOUR APPLICATION.

SUBMIT APPLICATION