

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Cc: [McFadden, Gloria S - APHIS](#); (b) (6), (b) (7)(C)
Subject: 52-R-0029
Date: Monday, January 4, 2021 1:38:51 PM
Attachments: [USDA Application.pdf](#)
Importance: High

Good afternoon. Please find the attached Application for Registration for Northern Virginia Community College. Our previous USDA # was 52-R-0029.

Please let me know if you need any further information.

Thank you.

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

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Veterinary Technology Program
Northern Virginia Community College
Sterling, VA 20164

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

[@nvcc.edu](#)

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. 2133). 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

RENEWAL DATE

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

Northern Virginia Community College
21200 Campers Drive
Sterling, VA 20164

COUNTY:

Loudoun

TELEPHONE NUMBER:

703-450-2654

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

☐ Use additional sheets, if necessary

COUNTY:

TELEPHONE NUMBER:

3. PREVIOUS USDA REGISTRATION NUMBER (if any):

52-R-609

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

College

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)

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

A. NAME	B. TITLE	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CATS	MARINE MAMMALS	WILD/EXOTIC HOOFSTOCK
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		GUINEA PIGS	FARM ANIMALS	BEARS
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (Not listed elsewhere)
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		RABBITS	WILD/EXOTIC FELINES	OTHER
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chickens <input checked="" 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.

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

12. DATE SIGNED

12/1/20



United States Department of Agriculture

ANIMAL WELFARE FORMS ORDER

USDA-APHIS
Animal Care
920 Main Campus Drive,
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100
Fax: (919) 716-5696
aceast@aphis.usda.gov

Additional forms are available free of charge to assist licensees/registrants in meeting the requirements of the regulations. Please indicate the number of forms you are requesting along with other requested information.

USDA-APHIS
Animal Care
Building B,
Mailstop #3W11
2150 Centre Avenue
Fort Collins, CO 80526-8117
(970) 494-7478
Fax: (970) 494-7461
acwest@aphis.usda.gov

Form #	Title & Description	# of Forms	# of Pkgs
*7002	Program of Veterinary Care (PVC) one per licensee/ with signature sheet insert.	5	
*7005	Record of Dogs & Cats on Hand – 100/pkg		1
*7006	Record of Disposition of Dogs/Cats – 100/pkg		1
*7006A	Continuation Sheet of Disposition of Dogs/Cats –100 pkg		1
7019	Record of Animals on Hand (other than dogs/cats)–50/pkg		
*7020	Record of Disposition of Animals (other than dogs/cats) – 50/pkg		
7020A	Continuation Sheet of Record of Disposition of Animals (other than dogs/cats) – 50/pkg		
	Live Animal sticker for pet transportation		
	Animal Welfare Act Regulation (blue book)		
Other: _____			

* Forms marked with an asterisk are also available on the APHIS website, https://www.aphis.usda.gov/aphis/resources/forms/ct_aphis_forms. Forms 7006, 7006A and 7020 are 3-part forms. If you print from the website, make 2 copies after completing these forms.

Ordered by: License #: _____ or Customer #: _____
Name: Northern Virginia Community College - Dr. Kiana Sehn
Business Name: Veterinary Technology Program
Address: 21200 Campus Dr.
City, State, Zip: Sterling, VA 20164
Area Code & Phone #: 703-450-2634

STATE:

CUSTOMER #:

IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires us to obtain your Federal Taxpayer Identification Number (FTIN). This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN's).

This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the federal government.

Our computer system will not allow processing of your application or renewal without this number.

You must submit your SSN or EIN number in the appropriate space below. If the number submitted does not match your previously submitted number, you will be contacted for clarification.

If you change the SSN, Tax Id Number, and /or Type of Organization we have on file, you may have to apply for a new License/Registration.

Thank you for your cooperation.

If Type of Organization is Corporation, Partnership (with an EIN), or other, please fill out A or B

A. Corporation Name: Northern Virginia Community College
EIN: 54-1268263

B. Partnership Legal Name: _____
EIN: _____

If Type of Organization is Individual or Partnership (with SSNs), please fill out either C or D

C. Individual: Name: _____ SSN: _____

D. Partnership:
Partner Name: _____ SSN: _____
Partner Name: _____ SSN: _____
Partner Name: _____ SSN: _____
Partner Name: _____ SSN: _____

August 25, 2014

21-02652_000196