



Expiration Date: 06-22-2023

## United States Department of Agriculture

**Marketing and  
Regulatory  
Programs**

This is to certify that  
Embryotech Laboratories Inc

**Animal and  
Plant Health  
Inspection  
Service**

is a licensed Class B - Dealer  
under the

### **Animal Welfare Act** (7 U.S.C. 2131 et seq.)

**Animal Care**

Certificate No. 14-B-0051  
Customer No. 502015

A handwritten signature in black ink, appearing to read "Elizabeth Golding". The signature is written in a cursive, flowing style.

Deputy Administrator

<b>UNITED STATES DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICES</b>  <b>APPLICATION FOR LICENSE</b> (TYPE OR PRINT)	<b>OFFICIAL USDA USE ONLY</b>		<b>OMB Approved 0579-0470, Exp 06/2023</b>
	SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526		
	CID # 502015 <span style="float: right;">Amt: \$40</span>		
	<b>LICENSE/CUSTOMER NUMBER</b>	<b>EXPIRATION DATE</b>	<b>DATE RECEIVED</b>
	14-B-0051	6/22/2022	7/11/2022

No license shall be issued unless a completed application and appropriate fees are received, and the applicant is in compliance with the standards and regulations (7 U.S.C. §§ 2132-2143). A license may be denied or license terminated if the applicant has made false or fraudulent statements or provided false or fraudulent records to USDA (9 C.F.R. §§ 2.11 and 2.12).

<b>1. TYPE OF LICENSE:</b> <input type="checkbox"/> CLASS A- BREEDER <input checked="" type="checkbox"/> CLASS B- DEALER <input type="checkbox"/> CLASS C- EXHIBITOR	<b>2. TYPE OF ORGANIZATION:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
<b>3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS):</b> Embryotech Laboratories Inc 140 Hale Street  Haverhill MA 01830 COUNTY: Essex	<b>4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES</b> (EACH WORK ADDRESS IS ACCEPTABLE): <input type="checkbox"/> Same as Block 1 (b) (7)(F) (b) (7)(F) COUNTY (b) (7)(F) <input type="checkbox"/> CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. <input type="checkbox"/> CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS.
<b>5. TELEPHONE NUMBER(S):</b> 978-373-7300	<b>6. EMAIL ADDRESS:</b> (b) (6), (b) (7)(C) embryotech.com
<b>7. PREVIOUS USDA LICENSE NUMBER (IF ANY):</b> 14-B-0051	<b>8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:</b> 14-B-0051

**9. VIOLATIONS AND NOLO CONTENDERE (9 C.F.R. § 2.1(a)(1)(vii))**

Disclose any pleas of nolo contendere (no contest) or finding of a violation of Federal, State, or local laws or regulations pertaining to animal cruelty or the transportation, ownership, neglect, or welfare of animals.

☒ NONE ☐ YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION OR RECORDS.)

**10. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S OFFICERS AND AGENTS.**

☐ CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET.

NAME	TITLE
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

**11. LIST THE ACTUAL OR ANTICIPATED TYPES AND MAXIMUM NUMBER OF ANIMALS OWNED, HELD, MAINTAINED, SOLD, EXHIBITED, OR LEASED AT ANY ONE TIME DURING THE PERIOD OF LICENSURE (9 C.F.R. § 2.1(a)(1)(i)).**

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
DOGS	0	NONHUMAN PRIMATES (GROUPS 1-4) §3.80(B)(2)(i)	0	RHINOCEROSES	0
CATS	0	NONHUMAN PRIMATES (GROUP 5) §3.80(B)(2)(i)	0	HIPPOTAMUSES	0
GUINEA PIGS	0	NONHUMAN PRIMATES (GROUP 6) §3.80(B)(2)(i)	0	GIRAFFES	0
HAMSTERS	0	BEARS	0	WILD/EXOTIC HOOFSTOCK	0
RABBITS	0	EXOTIC/WILD FELIDS AND HYBRIDS	0	MARINE MAMMALS	0
FARM ANIMALS (exclude horses)	0	HYENAS, EXOTIC/WILD CANIDS AND HYBRIDS	0	<b>TOTAL ANIMALS</b>	<b>2100</b>
OTHER ANIMALS (not listed elsewhere)	2100	ELEPHANTS	0		

☐ CHECK THIS BOX IF ADDITIONAL PAGES ARE USED TO LIST ANIMALS.

**CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby certify that I have reviewed the Act, regulations, and standards. To the best of my knowledge and belief, I am in compliance with and agree to continue to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am and all listed persons are 18 years of age or older.

<b>12. SIGNATURE</b> (b) (6), (b) (7)(C)	<b>13. PRINT NAME AND TITLE:</b> (b) (6), (b) (7)(C)	<b>14. DATE:</b> 06/20/2022
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According to the Paperwork Reduction Project 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 0579-0470. 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.

APHIS FORM 7003A  
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