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USDA USE ONLY

OMB APPROVED 0579-0036

Applicant should send completed form to this address:

USDA/APHIS/AC
2150 Centre Ave.
Building B, Mailstop 3W11

Certificate Number and Customer Number:

52-R-0134/500524

Renewal Date:

6/20/2021

United States Department of Agriculture
Animal and Plant Health Inspection Service
APPLICATION FOR REGISTRATION UPDATE
(TYPE OR PRINT)

Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R. §2.30).

1. Type of registration requested:

☐ Intermediate Handler ☐ Carrier ☒ Research Facility ☐ Federal Research Facility ☐ Agricultural Research Facility ☐ Veterans' Administration

2. Type of organization:

☐ Individual ☒ Corporation ☐ Partnership ☐ University ☒ LLC ☐ Sole Proprietor ☐ Trust ☐ Other _____

3. Type of public (select one):

☐ State, Local, Tribal Government ☒ Business Or Other For-Profit ☐ Not-For-Profit Institution ☐ Farm ☐ Foreign Or Domestic Federal Government

☐ Individual Or Household

4. Name of Registrant and Mailing Address: (See instructions)

Templar Medical LLC
1900 Emelita Drive
Virginia Beach, VA 23456

9. All Business Names and Location Addresses Housing Animals:
(Include directions to each location (P.O. Box not acceptable))

☐ Check this box if additional locations are listed on an additional sheet.

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

5. County:

Virginia Beach

10. County:

(b) (7)(F)

6. Telephone:

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

11. Telephone number at this location:

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

7. ☒ Residential address

☐ Non-residential address

12. Optimal hours for inspection at this location: (days of the week and times of day)

MON - FRIDAY 9:00 - 6:00

8. EMAIL:

iconza@templarmedicaltraining.com

13. WEBSITE:

templarmedicaltraining.com

14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the institutional official.
☐ 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) (6), (b) (7)(C)

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

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 certify that to the best of my knowledge and belief, I am in compliance with 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. (b) (6), (b) (7)(C)

16. Name and title (type or print)

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

17. Date signed

09 July 2021

APHIS FORM 7011
NOV 2020

received by email
7/24/2021
(RB)

[Signature]

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Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 11/15/2022