

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 15 MINUTES 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: USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117		
CERTIFICATE NO./CUSTOMER NO:		RENEWAL DATE:
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 7 U.S.C. 2133 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 type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNIVERSITY <input checked="" type="checkbox"/> LLC <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST <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) Bradford Schools, Inc 133 Freeport Road Pittsburgh PA 15215	9. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS: INCLUDE DIRECTIONS TO EACH LOCATION (P.O. BOX NOT ACCEPTABLE) <input checked="" type="checkbox"/> CHECK THIS BOX IF ADDITIONAL LOCATIONS ARE LISTED ON AN ADDITIONAL SHEET. <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 20px;">(b) (7)(F)</div>	
5. COUNTY: ALLEGHENY	10. COUNTY: <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (7)(F)</div>	
6. TELEPHONE: 14127817400	11. TELEPHONE NUMBER AT THIS LOCATION: <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (6), (b) (7)(C)</div>	
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) 8:00 A.M.-4 PM MON-FRI	
8. EMAIL: <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (6), (b) (7)(C)</div> @BRADFORDSCHOOLS.COM	13. WEBSITE:	
14. IF INDIVIDUAL, IDENTIFY EACH OWNER; IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER; IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS; IF A RESEARCH FACILITY, IDENTIFY 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)
MARTIN CALIHAN	PRESIDENT/CEO/Institutional Officer	
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="border: 1px solid black; padding: 5px; display: inline-block;"> DocuSigned by: <div style="background-color: black; color: red; font-size: 1.2em; text-align: center;">(b) (6), (b) (7)(C)</div> </div>	16. NAME AND TITLE (TYPE OR PRINT) Martin Calihan, President/CEO	17. DATE SIGNED 07/15/2022

Additional Locations, Facilities, Premises, or Sites

If you checked "Additional locations are listed on an additional sheet" in box 9, then please use this template to provide the supplemental information.

P.O. Box addresses are not acceptable. Applications listing P.O. boxes will be returned.

Additional Site 1:

Site Name	(b) (7)(F)
Address Line 1	(b) (7)(F)
Address Line 2	(b) (7)(F)
Address Line 3	
City	(b) (7)(F)
State	
County	
Zip Code	
Phone	(b) (6), (b) (7)(C)
Optimal Hours for Inspection	8:30 a.m. - 3:00 p.m. MON-FRI

☐ Residential Address ☒ Non-Residential Address

Additional Site 2:

Site Name	(b) (7)(F)
Address Line 1	(b) (7)(F)
Address Line 2	
Address Line 3	
City	(b) (7)(F)
State	
County	
Zip Code	
Phone	(b) (6), (b) (7)(C)
Optimal Hours for Inspection	8:30 a.m - 3:00 p.m. Mon-Fri

☐ Residential Address ☒ Non-Residential Address

Additional Site 3:

Site Name	NOTE - we changed entity type and main office address. Our current
Address Line 1	registration certificate number is 55-R-0130
Address Line 2	Current customer number is 40697
Address Line 3	
City	
State	
County	
Zip Code	
Phone	
Optimal Hours for Inspection	

☐ Residential Address ☒ Non-Residential Address

Additional Site 4:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	
Optimal Hours for Inspection	

☐ Residential Address ☐ Non-Residential Address

Additional Site 5:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	
Optimal Hours for Inspection	

☐ Residential Address ☐ Non-Residential Address