

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICES APPLICATION FOR LICENSE (TYPE OR PRINT)	OFFICIAL USDA USE ONLY OMB Approved 0579-0470, Exp 06/2023	
	SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3N11 FORT COLLINS, CO 80526	
	LICENSE CUSTOMER NUMBER 93-C-0247 / 43309	EXPIRATION DATE 8 / 29 / 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).

1. TYPE OF LICENSE: <input type="checkbox"/> CLASS A - BREEDER <input checked="" type="checkbox"/> CLASS B - DEALER <input type="checkbox"/> CLASS C - EXHIBITOR	2. TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
3. NAME, MAILING ADDRESS, AND COUNTY (SEE INSTRUCTIONS): ProSci Inc 12170 Flint Place Poway, CA 92064 COUNTY: San Diego	4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES (B.C. ONLY ADDRESSES ARE NOT ACCEPTABLE) <input type="checkbox"/> Same as Block 1 <div style="background-color: black; color: red; text-align: center; padding: 10px; font-weight: bold;">(b) (7)(F)</div> COUNTY: <input type="checkbox"/> CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET <input type="checkbox"/> CHECK IF YOL WILL BE TRAVELING OVERNIGHT WITH ANIMALS.
5. TELEPHONE NUMBER(S): (858)513-2638	6. EMAIL ADDRESS: (b) (6), (b) (7)(C) @prosci-inc.com
7. PREVIOUS USDA LICENSE NUMBER (IF ANY): N/A	8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST: N/A

9. VIOLATIONS AND NOLO CONTENDERE (9 C.F.R. § 2.114)(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
Yu Geng MD	CEO

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. § 2.114)(1)(A)

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
DOGS	0	NONHUMAN PRIMATES (GROUPS 1-4) \$3.80(B)(2)(i)	0	RHINOCEROSSES	0
CATS	0	NONHUMAN PRIMATES (GROUP 5) \$3.80(B)(2)(i)	0	HIPPOPOTAMUSES	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
PAPM ANIMALS (excludes horses)	0	HYENAS, EXOTIC WILD CANIDS AND HYBRIDS	0	TOTAL ANIMALS	0
OTHER ANIMALS (not listed elsewhere)	0	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 C.F.R. Subpart A, Parts 1, 2, and 3. I certify that I am and all listed persons are 18 years of age or older.

<div style="background-color: black; color: red; text-align: center; padding: 5px; font-weight: bold;">(b) (6), (b) (7)(C)</div>	13. PRINT NAME AND TITLE: Yu Geng	14. DATE: 06/20/2022
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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 0579-0470. 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.



Expiration Date: 08-29-2023

United States Department of Agriculture

**Marketing and
Regulatory
Programs**

This is to certify that
Pro Sci 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. 93-B-0247
Customer No. 43309

A handwritten signature in black ink, reading "Elizabeth Golding". The signature is written in a cursive style with a large, stylized "E" and "G".

Deputy Administrator