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 8, 3W11 FORT COLLINS, CO 80526

LICENSE/CUSTOMER NUMBER

EXPIRATION DATE

DATE RECEIVED

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).

TYPE OF LICENSE:	2. TYPE OF ORGANIZATION:			
CLASS A- BREEDER CLASS B- DEALER CLASS C- EXHIBITOR	☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER			
NAME, MAILING ADDRESS, AND COUNTY ISEE INSTRUCTIONS; Ata Sciences International Inc 9 14th Street NW Suite 100 Jew Brighton, MN 55112 UNITY: Ramsey	4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES (P) FOX ADDRESSES APP NOT ACCEPTABLE IN THE BOOK 1 COUNTY; (D) (7)(F) CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS.			
(b) (6), (b) (7)(C)	(b) (6) (b) (7)(c) @ datasci.com			
PREVIOUS USDA LICENSE NUMBER (IF ANY): 41-B-0276	8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:			
VIOLATIONS AND NOLO CONTENDRE (\$ 0.F.R § 2.1(a)(*)(wil)) close any pleas of nolo contendere (no contest) or finding of a violation of Federal, nership, neglect, or welfare of animals.	, State, or local laws or regulations pertaining to animal cruelty or the transportation,			
NONE YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION	N OR RECORDS.)			
IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSIN CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET.				
o) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			
(6), (b) (7)(C)	(b) (6), (b) (7)(C)			
close any pleas of noto contendere (no contest) or finding of a violation of Federal, neighb, neglect, or welfare of animals. NONE YES, EXPLAIN (ATTACH ADDITIONAL INFORMATION IF THE APPLICANT IS A CORPORATION, PARTNERSHIP, OR OTHER BUSIN CHECK THIS BOX IF ADDITIONAL PERSONS ARE LISTED ON AN ADDITIONAL SHEET	(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 (@ CFR §2.1(a)(1)(i)):

ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER
pags	Ø	NONHUMAN PRIMATES (GROUPS 1-4) §3.80(B)(2)(i)	0	RHINOGEROSES	Ø
CATS	0	NONHUMAN PRIMATES (GROUP 5) §3:80(B)(Z)(i)	0	HIPPOPOTAMUSES	0
GUINEA PIGS	24	NONHUMAN PRIMATES (GROUP 6) §3.80(8)(2)(1)	0	GIRAFFES	d
HAMSTERS	24	BEARS	Ø	WILD/EXOTIC HOOFSTOCK	Ø
RABBITS	Ø	EXCTIC/WILD FELIDS AND HYBRIDS	0	MARINE MAMMALS	0
FARM ANIMALS (exclude horses)	0	HYENAS, EXOTIGAVILD CANIDS AND HYBRIDS	0	70744 410044 0	7-
THER ANIMALS (not listled elsewhere)	24	ELEPHANTS	Ø	TOTAL ANIMALS	12

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.

h) /61	(h)	/7\/O\	12 DOINT NAME AND TITLE
			(h) (6) (h) (7)(0)
\mathbf{c}			

4. DATE

20 Apr 2022

According to the Reduction act of 1995, an agency may not conduct or sporter, 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, gettering and maintaining the data needed, and completing and reviewing the collection of information.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICES

APPLICATION FOR LICENSE

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USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526

LICENSE/CUSTOMER NUMBER EXPIRATION DATE DATE RECEIVED

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Disclose any pleas of noto 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.

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

(b)	(6),	(b)	(7)((C)		
(b)	(6	i),	(b)	(7	<u>)(</u>	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 CFR 52.1(a)(1)(i)):

NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE	NUMBER	ANIMAL TYPE
Ø	RHINOCEROSES	0	NONHUMAN PRIMATES (GROUPS 1-4) §3.80(B)(2)(i)	Ø	DOGS
0	HIPPOPOTAMUSES	0	NONHUMAN PRIMATES (GROUP 5) §3.80(B)(2)(i)	0	CATS
d	GIRAFFES	0	NONHUMAN PRIMATES (GROUP 5) \$3.80(B)(2)(i)	24	GUINEA PIGS
0	WILD/EXOTIC HOOFSTOCK	Ø	BEARS	24	HAMSTERS
Ø	MARINE MAMMALS	Ø	EXOTIC/WILD FELIDS AND HYBRIDS	Ø	RABBITS
7.	TOTAL ANIMAL O	0	HYENAS, EXOTIC/WILD CANIDS AND HYBRIDS	Ø	FARM ANIMALS (exclude horses)
12	TOTAL ANIMALS	Ø	ELEPHANTS	24	THER ANIMALS (not listled elsewhere)

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

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mn			/L\ /C	\ \/\ \/\ \/\ \/\ \\\ \\\\\\\\\\\\\\\\	4. DATE:
\sim), (b) (7)(C)	20 Aug 2025
				// (~/ (//) //)	au Fige dods
Accor	rding to the Ranework Reduc	tion Act of 1995, an agency m	ay not conduct or soon	sor, and a person is not required to respond t	o a collection of information unless it displays a valid CMB control

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United States Department of Agriculture Animal and Plant Health Inspection Service

DSIME **2016090000794475** Insp_id

Inspection Report

DATA SCIENCES INTERNATIONAL INC
119 14TH STREET NW SUITE 100
NEW BRIGHTON, MN 55112

Customer ID: 326381

Certificate: 41-B-0276

Site: 003

DATA SCIENCES INTERNATIONAL INC

Type: RE-LICENSE INSPECTION

Date: 31-MAY-2022

No non-compliant items were identified during this Re-License inspection.

This is a 1st Re-License Inspection for a Class "B" license. The inspection and exit briefing were conducted with the applicant. The applicant is ready to be licensed under the AWA.

A copy of your license will be sent to you without any additional action on your part. If you have not received your license within 30 days, please contact the USDA at 970-494-7478.

End of report.

Prepared By: DEBRA SIME

USDA, APHIS, Animal Care

31-MAY-2022

Date:

Date:

Title: VETERINARY MEDICAL

OFFICER

Received by Title: Facility Representative

31-MAY-2022



United States Department of Agriculture Animal and Plant Health Inspection Service

Customer: 326381

Inspection Date: 31-May-2022

Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
326381	41-B-0276	003	DATA SCIENCES INTERNATIONAL INC	31-MAY-2022

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	





Expiration Date: 08-31-2025

United States Department of Agriculture

Marketing and Regulatory Programs This is to certify that DATA SCIENCES INTERNATIONAL 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. 41-B-0276 Customer No. 326381

Maximum Number Of Animals Authorized: **100**

Authorized Dangerous Animal Group(s): **None**

Eliperal Golding

Deputy Administrator



United States Department of Agriculture Animal and Plant Health Inspection Service

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USDA, APHIS, Animal Care

31-MAY-2022

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Date:

Title: VETERINARY MEDICAL

OFFICER

Received by Title: Facility Representative

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22-04161_000031

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