

<b>UNITED STATES DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICES</b>  <b>APPLICATION FOR LICENSE</b> (TYPE OR PRINT)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">OFFICIAL USDA USE ONLY</td> <td style="text-align: center;">OMB Approved 0579-0470, Exp 08/2023</td> </tr> <tr> <td colspan="3">SEND THE COMPLETED FORM TO:</td> </tr> <tr> <td colspan="3" style="text-align: center;">           USDA APHIS ANIMAL CARE            2150 CENTRE AVE.            BUILDING B, 3W11            FORT COLLINS, CO 80526         </td> </tr> <tr> <td style="text-align: center;">LICENSE/CUSTOMER NUMBER</td> <td style="text-align: center;">EXPIRATION DATE</td> <td style="text-align: center;">DATE RECEIVED</td> </tr> <tr> <td style="text-align: center;">94-C-0116/325361</td> <td style="text-align: center;">May 2022</td> <td style="text-align: center;">5/4/2022 DL</td> </tr> </table>	OFFICIAL USDA USE ONLY		OMB Approved 0579-0470, Exp 08/2023	SEND THE COMPLETED FORM TO:			USDA APHIS ANIMAL CARE 2150 CENTRE AVE. BUILDING B, 3W11 FORT COLLINS, CO 80526			LICENSE/CUSTOMER NUMBER	EXPIRATION DATE	DATE RECEIVED	94-C-0116/325361	May 2022	5/4/2022 DL
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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 type="checkbox"/> CLASS B- DEALER <input checked="" 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>  Universidad Interamericana de Puerto Rico PO Box 363255 San Juan, PR 00936-3255  COUNTY: Puerto Rico	<b>4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES</b> (P.O. BOX ADDRESSES ARE NOT ACCEPTABLE): <input type="checkbox"/> Same as Block 1 (b) (7)(F) (b) (7)(F) Tel: (b) (6), (b) (7)(C)  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> 787-766-1912- ext. (b) (6), (b) (7)(C)	<b>6. EMAIL ADDRESS:</b> (b) (6), (b) (7)(C) @inter.edu
<b>7. PREVIOUS USDA LICENSE NUMBER (IF ANY):</b>	<b>8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:</b> 94-C-0116

**9. VIOLATIONS AND NOLO CONTENDRE (9 C.F.R. § 2.1(a)(1)(vi))**

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
Mr. Manuel J. Fernós (b) (6), (b) (7)(C)	President (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 CFR § 2.1(a)(1)(i)):**

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

☐ 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>13. PRINT NAME AND TITLE:</b> (b) (6), (b) (7)(C) Manuel J. Fernós, President	<b>14. DATE:</b> 05/04/2022
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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: 05-07-2023

## United States Department of Agriculture

**Marketing and  
Regulatory  
Programs**

This is to certify that  
UNIVERSIDAD INTERAMERICANA DE PUERTO RICO

**Animal and  
Plant Health  
Inspection  
Service**

is a licensed Class C - Exhibitor  
under the

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

**Animal Care**

Certificate No. 94-C-0116  
Customer No. 325361

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