

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, 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).

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): Emory University 1599 Clifton Road, 4th Floor Atlanta, GA 30322 COUNTY: Dekalb	4. ADDRESSES OF ALL LOCATIONS, FACILITIES, PREMISES, OR SITES (P.O. BOX ADDRESSES ARE NOT ACCEPTABLE: <input type="checkbox"/> Same as Block 1) (b) (7)(F) COUNTY: (b) (7)(F) <input checked="" type="checkbox"/> CHECK IF ADDITIONAL LOCATIONS ARE LISTED ON SEPARATE SHEET. <input type="checkbox"/> CHECK IF YOU WILL BE TRAVELING OVERNIGHT WITH ANIMALS.
5. TELEPHONE NUMBER(S): (b) (6), (b) (7)(C)	6. EMAIL ADDRESS: (b) (6), (b) (7)(C)@emory.edu
7. PREVIOUS USDA LICENSE NUMBER (IF ANY):	8. ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST: 57-B-0157 896

9. VIOLATIONS AND NOLO CONTENDRE (9 C.F.R § 2.1(a)(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
(b) (6), (b) (7)(C) Gregory Fenves (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) POC questions re: this application	(b) (6), (b) (7)(C) President - Emory University (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)	3480	HIPPOTAMUSES	
CATS		NONHUMAN PRIMATES (GROUPS 5-6) §3.80(B)(2)(i)	25	GIRAFFES	
GUINEA PIGS		BEARS		WILD/EXOTIC HOOFSTOCK	
HAMSTERS		EXOTIC/WILD FELIDS AND HYBRIDS		MARINE MAMMALS	
RABBITS		HYENAS, EXOTIC/WILD CANIDS AND HYBRIDS			
FARM ANIMALS (exclude horses)		ELEPHANTS			
OTHER ANIMALS (not listed elsewhere)		RHINOCEROSES		TOTAL ANIMALS	3505

☐ 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.

12. SIGNATURE (b) (6), (b) (7)(C) Digitally signed by (b) (6), (b) (7)(C) 2.05.16 11:31:04 -04'00'	13. PRINT NAME AND TITLE: (b) (6), (b) (7)(C)	14. DATE: 5/16/2022
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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.

Additional Locations, Facilities, Premises, or Sites

If you checked "Additional locations are listed on separate sheet" in box 4, 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	Emory National Primate Research Center (ENPRC)
Address Line 1	(b) (7)(F)
Address Line 2	
Address Line 3	
City	(b) (7)(F)
State	
County	
Zip Code	
Phone	

Additional Site 2:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	

Additional Site 3:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	



United States Department of Agriculture

RE: PRE LICENSE REQUEST TO INSPECTOR

June 8, 2022

Animal and Plant
Health Inspection
Service

Animal Care

Fort Collins Office
2150 Centre Avenue
Building B, 3W11
Fort Collins, CO 80526
Phone: 970-494-7478

STEPHANIE MAYARD

The following individual has submitted his/her application and application fee. He/she is ready for a pre-licensing inspection:

Customer ID Number: 896
Telephone: (b) (6), (b) (7)(C)

Emory University

(b) (7)(F)

Accordingly, please contact him/her within the next 10 days to schedule a pre-licensing inspection.

Please be advised that the applicant's Program of Veterinary Care (PVC) must also be reviewed during the pre-licensing inspection. The facility cannot be considered in compliance without an acceptable PVC. When applicable, the exercise plan and environment enhancement plans should also be reviewed.

When inspecting an applicant for an exhibitor's license, verify that the correct numbers of covered animals are on the application form. If you discover an error on any application form, don't make changes on the form, but have the applicant complete and sign a new form. When doing so, be sure to transfer the applicants' customer number in the upper right hand corner of the application.

The application is enclosed. Please report your findings to us on an Inspection Report as soon as possible after completion of the pre-licensing inspection. Thank you in advance for your cooperation.

Contact this office at 970-494-7478 if you have any questions regarding this letter.

Sincerely,

Elizabeth Goldentyer, D.V.M.
Deputy Administrator
USDA, APHIS, Animal Care

Enclosures