



Inspection Report

Ape Cognition & Communication Institute

Customer ID: 332105

Certificate: 42-C-0228

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 22-MAY-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with facility representative.

Additional Inspectors

Maginnis Gwendalyn, Veterinary Medical Officer

Prepared By:

UNCK AUTUMN, D V M USDA, APHIS, Animal Care

Date:
22-MAY-2017

Title: VETERINARY MEDICAL OFFICER 6118

Received By:

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

Title: FACILITY REPRESENTATIVE
19-04151_000001

Date:
22-MAY-2017



Cust No	Cert No	Site	Site Name	Inspection
332105	42-C-0228	001	Ape Cognition & Communication Institute	22-MAY-17

Count	Species
000005	PYGMY CHIMPANZEE / BONOBO
000005	Total



Inspection Report

Ape Cognition & Communication Institute

Customer ID: **332105**

Certificate: **42-R-0052**

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 22-MAY-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with facility representative.

Additional Inspectors

Maginnis Gwendalyn, Veterinary Medical Officer

Prepared By:

UNCK AUTUMN, D V M USDA, APHIS, Animal Care

Date:
22-MAY-2017

Title: VETERINARY MEDICAL OFFICER 6118

Received By:

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

Title: FACILITY REPRESENTATIVE
19-04151_000003

Date:
22-MAY-2017



Cust No	Cert No	Site	Site Name	Inspection
332105	42-R-0052	001	Ape Cognition & Communication Institute	22-MAY-17

Count	Species
000005	PYGMY CHIMPANZEE / BONOBO
000005	Total



Inspection Report

Ape Cognition And Conservation Initiative

Customer ID: 332105

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

Certificate: 42-R-0052

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 26-APR-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Additional Inspectors

Unck Autumn, Veterinary Medical Officer

Prepared By:

STENERODEN KATIE, D.V.M USDA, APHIS, Animal Care

Date:
14-MAY-2018

Title: VETERINARY MEDICAL OFFICER 6126

Received By:

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

Title: FACILITY REPRESENTATIVE, BY EMAIL
19-04151_000005

Date:
14-MAY-2018



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
332105	42-R-0052	001	Ape Cognition & Communication Institute	26-APR-18

Count	Scientific Name	Common Name
000005	<i>Pan paniscus</i>	PYGMY CHIMPANZEE / BONOBO
000005	Total	



Inspection Report

Ape Cognition And Conservation Initiative

Customer ID: **332105**

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

Certificate: **42-C-0228**

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 26-APR-2018

No non-compliant items were identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Additional Inspectors

Unck Autumn, Veterinary Medical Officer

Prepared By:

STENERODEN KATIE, D.V.M USDA, APHIS, Animal Care

Date:
27-APR-2018

Title: VETERINARY MEDICAL OFFICER 6126

Received By:

JULIE BURROUGHS

Date:
27-APR-2018

Title: FACILITY REPRESENTATIVE, BY EMAIL
19-04151_000007



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
332105	42-C-0228	001	Ape Cognition & Communication Institute	26-APR-18

Count	Scientific Name	Common Name
000005	<i>Pan paniscus</i>	PYGMY CHIMPANZEE / BONOBO
000005	Total	



Inspection Report

Ape Cognition And Conservation Initiative

Customer ID: **332105**

Certificate: **42-C-0228**

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 21-MAR-2019

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with facility representatives.

Prepared By:

UNCK AUTUMN, D V M USDA, APHIS, Animal Care

Date:
21-MAR-2019

Title: VETERINARY MEDICAL OFFICER 6118

Received By:

FACILITY REPRESENTATIVE

Date:
22-MAR-2019

Title: SENT VIA EMAIL
19-04151_000009



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
332105	42-C-0228	001	Ape Cognition & Communication Institute	21-MAR-19

Count	Scientific Name	Common Name
000005	<i>Pan paniscus</i>	PYGMY CHIMPANZEE / BONOBO
000005	Total	



Inspection Report

Ape Cognition And Conservation Initiative

Customer ID: **332105**

Certificate: **42-R-0052**

Site: 001

Ape Cognition & Communication Institute

Type: ROUTINE INSPECTION

Date: 21-MAR-2019

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with facility representatives.

Prepared By:

UNCK AUTUMN, D V M USDA, APHIS, Animal Care

Date:
21-MAR-2019

Title: VETERINARY MEDICAL OFFICER 6118

Received By:

FACILITY REPRESENTATIVE

Date:
22-MAR-2019

Title: SENT VIA EMAIL
19-04151_000011



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
332105	42-R-0052	001	Ape Cognition & Communication Institute	21-MAR-19

Count	Scientific Name	Common Name
000005	<i>Pan paniscus</i>	PYGMY CHIMPANZEE / BONOBO
000005	Total	

Research Facility Protocol Selection Worksheet ^{*}

Legal Name: Ape Cognition & Communication Institute

Customer Number: 332105

Certificate Number: 42-R-0052

Site Number: 001

Inspection Date: March 21, 2019

Inspection Type: Routine ☒ Focused ☐ (list areas inspected)

Inspector: Unck

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	
2. Column E protocols (select all)	
3. Protocols with IACUC-approved exemptions/exceptions (select all)	
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	6
Total Protocols Selected and Reviewed	6

***Note:** Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

Version 2/11/19

From: (b) (6), (b) (7)(C)
To: Unck, Autumn M - APHIS
Subject: Re: ***USDA Inspection Report***
Date: Thursday, March 21, 2019 7:34:45 PM

I have received your email.

Best,

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

Sent from my iPhone

On Mar 21, 2019, at 6:49 PM, Unck, Autumn M - APHIS <autumn.m.unck@usda.gov> wrote:

The inspection report with animal inventory is attached to this email.
A response is requested to this email.
Please respond within five business days.
Your reply will act as your signature and indicate you are able to open and view the report.

If you have any questions or comments, please do not hesitate to contact me.
Or you can print the report, manually sign it, scan it and return the report to me via email.

Thank you for your time and cooperation during this inspection,
Autumn

Autumn Unck, DVM
Veterinary Medical Officer – Nebraska
USDA APHIS Animal Care
402-679-4283

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

<332105 001 42-C-0228 Ape Cognition And Conservation Initiative
21MAR2019.pdf>

<332105 001 42-R-0052 Ape Cognition And Conservation Initiative
21MAR2019.pdf>



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: SEPTEMBER 02, 2020

This is to certify that

APE COGNITION & COMMUNICATION INSTITUTE

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

42-R-0052

Customer No.

332105

Deputy Administrator

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
WESTERN
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:

42-R-0052

332105

RENEWAL DATE

2-Sep-2017

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Ape Cognition & Communication Institute

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

COUNTY:

TELEPHONE:

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

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

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

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT

RESEARCH, TESTS, OR EXPERIMENTS

☐ Yes

☒ No

6. TYPE OF REGISTRATION:

☐ Class E – Exhibitor

☐ Class H – Intermediate Handler

☐ Class R – Research Facility

☐ Class T – Carrier

7. FEDERAL FUND TYPES:

☐ Award ☐ Contract ☐ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Partnership

☐ Corporation

☐ Individual

☒ Other (Specify)

501(c)(3) Non-profit corporation

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
Bill Hopkins, PhD (b) (6), (b) (7)(C)	President & Director of Science Vice President Scientific Program Manager Director of Veterinary Services Attending Veterinarian Secretary	(b) (6), (b) (7)(C)

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, 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.

10. SIGNATURE

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

11. NAME AND TITLE (Type or Print)

Director of Veterinary Services, AV

12. DATE SIGNED

8/9/17

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011
(FEB 2009)

AUG 14 2017



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: MARCH 10, 2019

This is to certify that

APE COGNITION AND CONSERVATION INITIATIVE

is a licensed
under the

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 42-C-0228

Customer No. 332105

A handwritten signature in black ink, appearing to be "RJL", written over a horizontal line.

Deputy Administrator

According to the Paperwork Reduction Act of 1995, no persons are 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 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.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

APPLICATION FOR LICENSE (TYPE OR PRINT)

X RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL CARE
WESTERN
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117
(970) 494-7478

LICENSE NO./CUST NO
42-C-0228
332105

RENEWAL DATE
10-Mar-2018

FEES	
AMOUNT	DATE RECEIVED
\$40.00	23 Feb 18

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Ape Cognition And Conservation Initiative

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

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

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

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

COUNTY: (b) (6), (b) (7)(C)

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

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

◊ A - Dealer (Breeder) ◊ B - Dealer * C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

- ☐ A - Zoo ☐ B - Aquariums ☐ C - Auction
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker
Other - research facility

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	1	0	1	1	7	0	1	0	1	1	8

8. TYPE OF ORGANIZATION

- ◊ Partnership ◊ Corporation ◊ Individual
* Other (Specify) *non-profit 501c3 research facility*

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

William Hopkins, PhD - President, Director of Science IO, Board Chair
ph D - Vice President, Scientific Program Manager,
bvm - Director of Veterinary Services, AV
Secretary

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

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS

DOLLAR AMOUNT OF WHICH FEE IS BASED
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS	<i>6</i>	RABBITS	<i>0</i>
CATS	<i>0</i>	NONHUMAN PRIMATES	<i>5</i>
GUINEA PIGS	<i>0</i>	MARINE MAMMALS	<i>0</i>
HAMSTERS	<i>0</i>	WILD OR EXOTIC MAMMALS	<i>0</i>
OTHER (i.e., farm animals) (List Species and No.)	<i>0</i>	TOTAL:	<i>5</i>

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 acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

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

13. NAME AND TITLE (Type or Print)

(b) (6), (b) (7)(C) *Director of Veterinary Services*

14. DATE

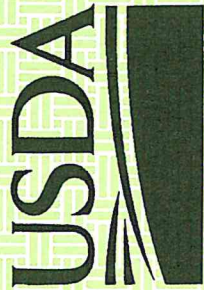
2/19/18

APHIS FORM 7003
(JAN 1995)

(Previous editions are obsolete)

AV

According to the Paperwork Reduction Act of 1995, no persons are 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 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.		FORM APPROVED OMB NO.: 0579-0036	
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR LICENSE (TYPE OR PRINT) X RENEWAL		No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133. DO NOT USE THIS SPACE- OFFICIAL USE ONLY SEND THE COMPLETED FORM TO: USDA APHIS ANIMAL CARE WESTERN 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117 (970) 494-7478	
		LICENSE NO./CUST NO 42-C-0228 332105	RENEWAL DATE 10-Mar-2019
		AMOUNT 40	DATE RECEIVED 21-Feb-19
1. NAME(S) OF OWNER(S) AND MAILING ADDRESS Ape Cognition And Conservation Initiative (b) (6), (b) (7)(C)		2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable) (b) (6), (b) (7)(C)	
COUNTY: (b) (6), (b) (7)	TELEPHONE: (b) (6), (b) (7)(C)	TELEPHONE: (b) (6), (b) (7)(C)	
3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS PREVIOUS LICENSE NO.:		4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST	
5. TYPE OF LICENSE <input checked="" type="checkbox"/> A - Dealer (Breeder) <input type="checkbox"/> B - Dealer <input type="checkbox"/> C - Exhibitor		6. DATE OF LAST BUSINESS YEAR FROM TO MO DAY YEAR MO DAY YEAR 0 1 0 1 1 8 0 1 0 1 1 9	
7. NATURE OF BUSINESS (Check item that describes nature of your business) <input type="checkbox"/> A - Zoo <input type="checkbox"/> B - Aquariums <input type="checkbox"/> C - Auction <input type="checkbox"/> D - Breeder <input type="checkbox"/> E - Pets <input type="checkbox"/> F - Roadside Zoo <input type="checkbox"/> G - Circus <input type="checkbox"/> H - Animal Acts <input type="checkbox"/> I - Carnival <input type="checkbox"/> J - Drive thru <input type="checkbox"/> K - Pet Store <input type="checkbox"/> L - Broker Zoo other - research facility		8. TYPE OF ORGANIZATION <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) <u>Sole 3 non-profit corporation</u>	
9. LIST OWNERS, PARTNERS, AND OFFICERS			
NAME AND TITLE		ADDRESS	
William Hopkins, PhD - President, Director of Science, IO, Board Chair		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) - Vice President, Scientific Program Manager		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) Director of Veterinary Services, AV		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C) Secretary		(b) (6), (b) (7)(C)	
10. DEALER ONLY		11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)	
TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR		DOGS	RABBITS
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR		CATS	NONHUMAN PRIMATES 5
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS		GUINEA PIGS	MARINE MAMMALS
DOLLAR AMOUNT OF WHICH FEE IS BASED (Sections 2.6 and 2.7)		HAMSTERS	WILD OR EXOTIC MAMMALS
		OTHER (i.e., farm animals) (List Species and No.)	TOTAL: 5
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 acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.			
12. SIGNATURE		13. NAME AND TITLE (Type or Print)	14. DATE
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C) Director of Veterinary Services, AV	2/19/19



United States
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Agriculture

Marketing and
Regulatory
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Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: MARCH 10, 2019

This is to certify that

is a licensed
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APE COGNITION AND CONSERVATION INITIATIVE

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

42-C-0228

Customer No.

332105

A handwritten signature in black ink, appearing to be "B. J. Long", written over a horizontal line.

Deputy Administrator