



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

RE: NEW REGISTRATION APPROVAL

Certificate Number: 56-T-0041

Renewal Date: 08/11/2023

August 11, 2020

Customer ID Number: 508556

Andrew Anderson
657 Archwood Street
Gaston, SC 29053

Dear Registrant:

We are pleased to enclose your Animal Welfare Act(AWA) registration certificate and a copy of APHIS Form 7011. As the information in the application packet we previously provided you indicates, the AWA requires that you update your registration every 3 years. We will notify you prior to the expiration date so that you have ample time to fulfill this requirement.

It is required that you notify us by certified mail of any changes of name, address, management, or substantial control of ownership in your business within 10 days of any such changes.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (970) 494-7478 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, D. V. M.
Director, Animal Welfare Operations
USDA, APHIS, Animal Care

cc: Carla Thomas, D. V. M.

Enclosures

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 0579-0036. The time required to complete the 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.

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

OMB
Approved
0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**APPLICATION FOR
REGISTRATION**
(TYPE OR PRINT)

USDA USE ONLY

NEW REGISTRATION

CERTIFICATE NUMBER/CUSTOMER NUMBER

56-T-0041

RENEWAL DATE

11-AUG-2023

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

2. ALL BUSINESS NAMES AND SITE LOCATION(S).

Use additional sheets, if necessary

COUNTY:

TELEPHONE NUMBER:

COUNTY:

TELEPHONE NUMBER:

3. PREVIOUS USDA REGISTRATION NUMBER (if any):

4. 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 H – Intermediate Handler Class T – Carrier
 Class R - Research Facility

7. TYPE OF ORGANIZATION:

Individual Corporation Partnership Other _____

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

9. CHECK THE TYPE OF ANIMAL(S) USED IN YOUR BUSINESS.

A. NAME	B. TITLE	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
	Owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		CATS <input checked="" type="checkbox"/>	MARINE MAMMALS <input type="checkbox"/>	WILD/EXOTIC HOOFSTOCK <input type="checkbox"/>
		GUINEA PIGS <input type="checkbox"/>	FARM ANIMALS <input type="checkbox"/>	BEARS <input type="checkbox"/>
		HAMSTERS <input type="checkbox"/>	WILD/EXOTIC CANINES <input type="checkbox"/>	WILD/EXOTIC MAMMALS (Not listed elsewhere) <input type="checkbox"/>
		RABBITS <input type="checkbox"/>	WILD/EXOTIC FELINES <input type="checkbox"/>	OTHER <input type="checkbox"/>

CERTIFICATION

I hereby register as a Research Facility, 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



11. NAME AND TITLE (Type or Print)

- Owner

12. DATE SIGNED

ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS



**United States
Department of
Agriculture**

**Marketing and
Regulatory
Programs**

**Animal and
Plant Health
Inspection
Service**

Animal Care

EXPIRATION DATE: AUGUST 11, 2023

This is to certify that ANDREW M ANDERSON

CLASS T CARRIER

is a licensed
under the

Animal Welfare Act

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

Certificate No. 56-T-0041

Customer No. 508556

A handwritten signature in black ink that reads "Elizabeth Goldutz". The signature is written in a cursive style with a long, sweeping tail on the letter "z".

Deputy Administrator