

## New or Renewal Licence Application

Please complete this application for a licence to operate a supply facility under the *Animals for Research Act* in full. The Director appointed under the *Animals for Research Act* will determine all applications in accordance with the requirements of the Act. A licence expires with the 31st day of December of the year of issue. Licenses must be renewed annually. A separate application and payment of fees is required for each Supply Facility you operate.

### Required Fees

The fee is \$100 for a supply facility.

Fields marked with an asterisk (\*) are mandatory.

### A fully completed application package contains the following:

- A completed application form
- Payment of fees

### Type of Registration \*

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> New     | Certificate Number (required if a renewal) (4 digits) |
| <input type="checkbox"/> Renewal |   |

## Section 1. Facility Information

Organization Name \*

### Operator Information

Operator Name (person) \*

Position Title \*

Telephone Number \*

Email \*

### Mailing Address

Unit Number

Street Number \*

Street Name \*

PO Box

County

City/Town \*

Province \*

Postal Code \*

### Contact Information

Same as Operator Information

Last Name

First Name

Position Title

Telephone Number

Email

## 2. Supply Facility Information

### Supply Facility 1

Supply Facility Name \*

#### Address

Building Name

Unit Number

Street Number \*

Street Name \*

PO Box

County

City/Town \*

Province \*

Postal Code \*

#### On-site Contact

Last Name \*

First Name \*

Position Title \*

Telephone Number \*

Email \*

### Supply Facility 2

Supply Facility Name \*

#### Address

Building Name

Unit Number

Street Number \*

Street Name \*

PO Box

County

City/Town \*

Province \*

Postal Code \*

#### On-site Contact

Last Name \*

First Name \*

Position Title \*

Telephone Number \*

Email \*

### Supply Facility 3

Supply Facility Name \*

#### Address

Building Name

Unit Number	Street Number *	Street Name *	PO Box
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County

City/Town *	Province *	Postal Code *
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### On-site Contact

Last Name *	First Name *
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Position Title \*

Telephone Number *	Email *
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**Registration Fee Total \$**

Owner of premise (if not the operator) \*

Types or species of animals that are bred and reared on the premises \*

### 3. Certification

I certify that the foregoing information is, to the best of my knowledge, information and belief, true. I undertake to furnish to the Director appointed under the *Animals for Research Act* details of any material changes from the information provided on this form and any attachments no later than ten (10) business days after the date any such changes are made. \*

Operator Name (First and Last Name) *	Position Title *	Date (yyyy/mm/dd) *
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If you have any questions, please contact [AHWApplications@ontario.ca](mailto:AHWApplications@ontario.ca) or 226-979-2385.

**Email completed application and supporting information to [AHWApplications@ontario.ca](mailto:AHWApplications@ontario.ca) and mail cheques or money orders (made out to Minister of Finance) to:**

Ministry of Agriculture, Food and Rural Affairs  
Animal Health and Welfare Branch  
Animals for Research Registration  
1 Stone Rd West, 5th Floor NW  
Guelph ON N1G 4Y2