



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

*Application for License to Use Dogs or Cats
In Research and Education in Accordance with
M.G.L. C.140, § 174D and 105 CMR 910.000*

DIRECTIONS: <ul style="list-style-type: none">• Complete the entire two-page application form.• Submit a separate application for each institution seeking licensure.• Attach a separate check for \$50.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS.• All licenses expire on June 30th.	
1. Institution Name:	2. Telephone #: ()) Fax #: ())
3. D.B.A. (Doing Business As):	Current Massachusetts License # (if applicable):
4. Mailing Address:	
5. Facility Address (if different from Mailing Address):	6. Telephone #: ()) Fax #: ())
7. Responsible contact-person:	8. Twenty-four (24) Hour Emergency Telephone #: ()) E-mail Address: _____
9. Name of individual administratively responsible for the institution:	
10. Name of individual in charge of the animal research program:	
11. Name of attending veterinarian:	
12. Describe the corporation, or other form of organization of the institution, and state the general nature and purpose of its activities:	

13. Describe the nature of the activities requiring the use of animals:

Laboratory Facilities

14. Describe the laboratory facilities where research will be conducted:

15. Describe the facilities to house and care for laboratory animals. Include schedules for cleaning cages, feeding and watering the animals, and types of vehicles used to transport animals:

16. List the names and addresses of all locations that research animals are kept. Include private kennels, animal hospitals, etc.

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Date

Owner or Corporate Officer

Tax or Federal I.D.#: _____

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston: 617-727-2834, Fall River: 508-646-1374 or Springfield: 413-784-1376.

Revision: January2007