



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

Return To: **Food Protection Program, 305 South St., Jamaica Plain, MA 02130**

Instructions: <ul style="list-style-type: none"> • Complete the entire two-page application form. • Only complete this form if you are applying to use Dogs and Cats in research and education. No other animals need to be listed as part of this 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: The Commonwealth of Massachusetts. • All licenses expire on June 30th. 		Provide Check or Money Order Number:
1. Institution Name:	2. Tel. #: ()	Ext. _____
	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. Tel. #: ()	Ext. _____
	Fax #: ()	
7. Responsible contact-person:	8. 24-Hour Emergency Telephone #: ()	Ext. _____
	E-mail Address (mandatory): _____	
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 where 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 (print name)

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.