Public reporting burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

2008

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), 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)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES AMOUNT	FEES DATE RECEIVED
CERT: 57-B-0148 CUST: 884	11-DEC-2008	$485.00	26 NOV 08 VMc

1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS

T R S Labs Inc

Po Box 5112
Athens, GA 30604

Telephone: (706)549-0764

2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION *(P.O. Box not acceptable)*

295 Research Drive
Athens, GA 30605
County: Clarke

Telephone: 706-549-0764

CK 22387 $40.00 - 17 NOV 08
CK 22421 $445.00 - 26 NOV 08
VMc

3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.

John W. McCall

(b)(6), (b)(7)c

4. (A) PREVIOUS USDA LICENSE NUMBER (If any)

–

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

5. TYPE OF LICENSE

☐ Class A - Breeder ☒ Class B - Dealer ☐ Class C - Exhibitor

6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)

FROM	TO
01-JAN-2007	31-DEC-2007

7. TYPE OF ORGANIZATION

☐ Individual ☒ Corporation ☐ Partnership
☐ Other (Specify) _____

8. DEALERS ONLY. Class A or Class B licensees must complete this Block. *(Class C Exhibitors go to Block 9)*

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED *(SECTIONS 2.6 AND 2.7)*

(b)(4)

9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)

DOGS	[redacted]	NONHUMAN PRIMATES	[redacted]	RODENTS (Do not include lab rats or mice)	[redacted]
CATS	[redacted]	MARINE ANIMALS	[redacted]	WILD/EXOTIC HOOFSTOCK	[redacted]
GUINEA PIGS	[redacted]	FARM ANIMALS	[redacted]	BEARS	[redacted]
HAMSTERS	[redacted]	WILD/EXOTIC CANINES	[redacted]	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	[redacted]
RABBITS	[redacted]	WILD/EXOTIC FELINES	[redacted]	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	[redacted]

21 Nov 08 McCall

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6), (b)(7)c	John W. McCall		14 NOV 08

APHIS FORM 7003

Public reporting burden for this collection of informatic[illegible] timated to average .25 hours per response, including the time for reviewing instructions, searching existing da[illegible]rces, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OFM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), 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)

☒ NEW LICENSE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:
USDA, APHIS, AC
920 Main Campus Dr
Suite 200, Unit 304O
Raleigh, NC 27606

LICENSE NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
57-B-0148	11 Dec 08	$10.00 / $30.00	12 Dec 06 / 27 Nov 07

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

John W. McCall
PO Box 5112
Athens, Georgia 30604

COUNTY: Athens-Clarke TELEPHONE (706)

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

TRS Labs Inc
295 Research Drive
Athens, Georgia 30605

COUNTY: Athens-Clarke TELEPHONE (706) 549-0764

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

☐ A - Dealer *(Breeder)* ☒ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM MO	FROM DAY	FROM YEAR	TO MO	TO DAY	TO YEAR
01	01	05	12	31	05

7. NATURE OF BUSINESS *(Check item(s) that describe 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

8. TYPE OF ORGANIZATION

☐ Partnership ☒ Corporation ☐ Individual
☐ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
John W. McCall (President)	PO Box 5112 Athens, GA 30604
(b)(6), (b)(7)c	PO Box 5112 Athens, GA 30604

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	0
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	$0
DOLLAR AMOUNT ON 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		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) *(List Species and No.)*			

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 agree to comply with all the 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	John W McCall President	07 DEC 06

USDA

United States Department of Agriculture
Animal and Plant Health Inspection Ser

INSPECTION REPORT

ABARTHOLOMEW

JUN 0 9 2008

884 cust_id
200808 insp_id
46012 site_id

T R S LABS INC

PO BOX 5112
ATHENS, GA 30604

Customer ID: 884
Certificate: 57-B-0148

Site: 001
TRS LABS, INC.

Inspection
Type: ROUTINE INSPECTION
Date: MAY-27-2008

No non-compliant items identified on inspection today.

Prepared By: Amy Bartholomew DVM
AMY BARTHOLOMEW, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1051

Date: MAY-27-2008

Received By: [redacted]

Title: [redacted]

Date: MAY-28-2008

(b)(6) & (b)(7)c

USDA

ATHENS, GA 30601

TRS LABS, INC.

Date: NOV-15-2007

No non-compliant items identified on inspection today.

Applicant to submit payment in the amount of $30.00 (previous year gross sales between $0-500) for initial Type-B (Dealer) license. If paying by check, please make payable to "USDA". Payment and an original copy of this report are to be submitted to:
USDA, APHIS, Animal Care
920 Main Campus Drive, Suite 200
Raleigh, NC 27606

Amy Butler-Cameron, DVM

(b)(6) & (b)(7)c