| Application for a | n Animal Use License No | o. U |
|--------------------|-------------------------|--|
| Application for | an Animal Use License | e |
| | | Address Date/Month/Year |
| Name: (Mr./Mrs./ | ′Ms.) N | Aiddle Family |
| (Use upper case | only) | |
| Academic title (I | f any): | |
| Date of birth: (Da | ate/Month/Year) | Age:Year; Nationality |
| Thai citizenship I | D number: 🗌 🗌 🗌 | |
| Passport numbe | r: Da | ate of issue: (Date/Month/Year) |
| Expired date: (Da | ate/Month/Year) | |
| Address of the p | resent accommodation | : |
| Number | Street | District |
| Province | City | Postal Code |
| Telephone | Fax | Email |
| | | |
| Address: | | |
| Number | Street | District |
| Province | City | Postal Code |
| | | Email |
| | ed: 🗌 laboratory anima | nt accommodation 🛛 work place als nimals |

| This request is to: \Box obtain the first Animal Use License | | | |
|--|--|--|--|
| \Box obtain a replacement for the license | | | |
| No. U \square \square \square \square \square \square \square \square , which is | | | |
| ☐ the lost license. | | | |
| ☐ the damaged license. | | | |
| \Box the initial name of the holder has to be changed. | | | |
| \Box the family name of the holder has to be changed. | | | |
| 🗌 others (please specify) | | | |
| \Box extend the valid date of the license | | | |
| | | | |
| 🗌 others (please specify) | | | |
| My role as a license holder is: | | | |
| Being a researcher | | | |
| Being a scientist | | | |
| \Box Being an instructor in a practical session of | | | |
| \Box a technical college | | | |
| \Box an university | | | |
| A principal investigator of an animal use protocol | | | |
| \Box A supervisor of animal husbandry | | | |
| \Box An attending veterinarian | | | |
| \Box A head of an animal care unit | | | |
| U Others (please specify) | | | |
| I hereby declare that all of the above information is totally correct. | | | |
| Applicant Signature: | | | |
| (Name in upper case:) | | | |

| (For official use) | |
|---|----------------------------------|
| Animal Use License No. U . | |
| All required documents are: \Box complete | 🗌 incomplete |
| \Box the following | gs are missing |
| (Signature) | Examiner |
| (|) |
| (Date/Month/Year) | |
| \Box Acknowledgement of the application | on approved |
| (Signature) | IAD Director/Acting IAD Director |
| (|) |
| (Date/Month/Year) | |
| | |

Required documents for the application:

 \Box A Xerox copy of personal identification

 \square A health certificate for not having serious communicable diseases and not

being a psychotic patient

 \Box Two recent photos (no longer than 6 months), 2 inch in size

Instruction for the application of the Animal Use License

- 1. Fill in the application form, which may be downloaded from www.labanimals.net.
- 2. Attach a copy of personal ID, health certificate, and 2 photos.
- 3. Submit the application to the Institute of Animals for Scientific Purpose Development (IAD) in person or by registered mail (IAD, National Research Council of Thailand, 196 Paholyotin Road, Chatuchak District, Bangkok 10900)

| Acknowledgement of the application for | |
|---|-----------|
| the Animal Use License | |
| | |
| No. of the application for the animal use license U | |
| Applicant name: | |
| (Mr./Mrs./Ms.) Middle Last | |
| Personal ID/Passport No | |
| Date of application: (Date/Month/Year) | |
| | |
| (Signature) | Applicant |
| (|) |

(Signature)..... Officer

(.....)

Remark:

This acknowledgement is the receipt of the application for the Animal Use License according to the Animal for Scientific Purposes Act B.E. 2558, section 55, and can be used as a temporary license until the qualification of the applicants, requirements, and process of the approval for a license have been made in the Ministerial Regulation and announced in the Government Gazette.