NOTE TO FILE

LICENSEE NAME:

IDAHO EQUINE HOSPITAL

LICENSE NO.:

11-27700-01

DOCKET NO.:

030-35698

CONTROL NO.:

NA

Idaho Equine Hospital did not submit a renewal application in a timely manner, therefore the license expired. Application for a new license was submitted (Control 575580) and License 11-27700-02 was issued on July 14, 2011.

License Reviewer:

Lizette Roldán-Otero, Ph.D.

Date: 09/16/11

TICENSE - IMOTHIAUOH

Page 1 of



LICENSE TRACKING SYSTEM

CAROL HILL - SYSTEM ADMINISTRATOR (READ-WRITE)

STEP BY STEP | HELP | LOGOUT

HOME	LICENSE	:	INSPECTION	RE	PORTS	ADMIN
_icense >> I 	nformation —————			Make Particle his to the control of		
ir	nformation	Locations	Materials	Authorized Users	Attachments	Program Code
Fir	Assurance	LicExemption	Staff	Milestones	History	Submit
					Do Licenso	control Number: 469302 ocket Number : 3035698 e Number : 11-27700-01 HO EQUINE HOSPITAL
			Data Saved S	Successfully.		
- Instructi		the information r	equired on this page. O	neo cayod proceed	to the post tab to enter	
		the information i			to the next tab to enter	
	# : 11-27700-01		Amendm	ent # : 0		Status : Expired
Applica	tion Type					
			Amendment	Application		
			License Number:	11-27700-01		
- Applica	tion Criteria					
	* Institutior Code			* Action Type:	Amendment	
	* Entity	C - Commercia	al entity		30 Byproduct materia	<u>[</u>
	License Region	Region 4	<u> </u>	Inspection Region:	Region 4	
	Priority Code	: 5				
License	e Contact					
		*Licensee:	DAHO EQUINE HOSPI	TAL		
		*First Name :	WILLIAM			
		Middle Name :	J			
		*Last Name :	MAUPIN			
		Suffix :	DVM			
		* Phone :		:		
		Email :	J			Managed Williams
		Fax:				
	*/	Address Line 1 :	16080 EQUINE DRIVE	tti kitiki ti Milli ka ka ka Markatan ka maka maka ka ka ka ta ka maka maka ka ka ka ka ka maka ma	error and more contract of the Contract and the Contract	
1						

	Address Line 2:	
	*City: NAMPA	
	*State : IDAHO *Zip : 83687	
	ZIP . [65067	
icense		· · · · · · · · · · · · · · · · · · ·
	Requires Financial Assurance? C Yes • No C Not Sure	
	Submitted Financial Assurance? C Yes C No • Not Sure	
	Requires Contingency Plan? C Yes No C Not Sure	
	Contingency Plan Approved? C Yes C No © Not Sure	
	Has Increased Controls / Additional Security Measures?	
	National Source Tracking? C Yes C No © Not Sure	
	Approved For Incineration? C Yes © No C Not Sure	
	Approved For Burial? C Yes No C Not Sure	
	Approved For Storage? C Yes € No C Not Sure	
	Approved For Redistribution? C Yes ● No C Not Sure	
	Approved For Decay In Storage? C Yes C No © Not Sure	
	Temporary Job Sites? C Yes • No	
imary RSO		
	First Name : WM.	
	Middle Name : J	
	Last Name : MAUPIN	
	Suffix : DVM	
	Phone :	
	Email :	
	Fax:	