

AUG 08 2017

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
EASTERN
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

CERTIFICATE NO./CUST NO:

10-R-0004

69

RENEWAL DATE

23-Aug-2017

AEN

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Georgetown University

(b) (6), (b) (7)(C)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

(b) (6), (b) (7)(C)

COUNTY: (b) (6), (b) (7)(C)

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

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

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT

RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

6. TYPE OF REGISTRATION:

- ☐ Class E – Exhibitor ☐ Class H – Intermediate Handler
☐ Class R – Research Facility ☐ Class T – Carrier

7. FEDERAL FUND TYPES:

☒ Award ☒ Contract ☒ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

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

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
Dr. Jack DeGioia	President	(b) (6), (b) (7)(C)
Dr. Spiros Dimolitsas	Sr. Vice President	
Dr. Robert Clarke	Dean for Research Institutional Official	

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seq, and 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 contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE (b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

Robert Clarke, PhD; Institutional Official

12. DATE SIGNED

8/3/17



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: AUGUST 23, 2020

This is to certify that

GEORGETOWN UNIVERSITY

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 10-R-0004

Customer No. 69

Deputy Administrator

A handwritten signature in black ink, appearing to be "B. J. [unclear]", is written over a horizontal line that serves as a signature line.