

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 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478 <table style="width: 100%;"> <tr> <td style="width: 50%;">CERTIFICATE NO./CUST NO:</td> <td style="width: 50%;">RENEWAL DATE</td> </tr> <tr> <td>13-R-0001</td> <td>7-Jun-2020</td> </tr> <tr> <td>273</td> <td></td> </tr> </table>		CERTIFICATE NO./CUST NO:	RENEWAL DATE	13-R-0001	7-Jun-2020	273	
CERTIFICATE NO./CUST NO:	RENEWAL DATE								
13-R-0001	7-Jun-2020								
273									
1. REGISTRANT (Name and permanent mailing address, including Zip Code) University Of Vermont 116 Hills Building Burlington, VT 05405 0082 COUNTY: Chittenden TELEPHONE (802) 656 - 0459		ITE(s), OR RESEARCH FACILITIES <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 20px;">(b) (7)(F)</div>							
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)) IN WHICH YOU HAVE AN INTEREST:							
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. TYPE OF REGISTRATION: <input checked="" type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier							
7. FEDERAL FUND TYPES: <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input checked="" type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) university							
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)							
<div style="background-color: black; color: red; font-size: 3em; padding: 10px;">(b) (6), (b) (7)(C)</div>									

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 <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (6), (b) (7)(C)</div>	11. NAME AND TITLE (Type or Print) <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;">(b) (6), (b) (7)(C)</div>	12. DATE SIGNED June 23, 2020
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ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS