

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

**CERTIFICATE NO./CUST NO:**

23-R-0078

357

**RENEWAL DATE**

18-Apr-2020

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

Harcum College  
Vet Services Bldg  
750 Montgomery Ave  
Bryn Mawr, PA 19010

COUNTY: Delaware TELEPHONE (610) 526 - 6108

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

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

(b) (7)(F)

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

23-R-0078

**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)

College/University - Harcum College

**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

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

**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.

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

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

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

**12. DATE SIGNED**

7/9/2020