

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																					
<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p>REGISTRATION UPDATE</p>		<p>USDA USE ONLY</p> <p>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</p> <table border="1"><tr><td>CERTIFICATE NO./CUST NO: 23-R-0046 347</td><td>RENEWAL DATE 27-Apr-2020</td></tr></table>		CERTIFICATE NO./CUST NO: 23-R-0046 347	RENEWAL DATE 27-Apr-2020																		
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<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>Bucknell University Dept Of Biology And Psychology Lewisburg, PA 17837</p> <p>COUNTY: Union TELEPHONE (570) 577 - 3811</p>		<p>2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>(b) (7)(F)</p>																					
<p>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</p>		<p>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</p> <p>23-R-0046</p>																					
<p>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>6. TYPE OF REGISTRATION:</p> <p><input type="checkbox"/> Class E - Exhibitor <input type="checkbox"/> Class H - Intermediate Handler</p> <p><input type="checkbox"/> Class R - Research Facility <input type="checkbox"/> Class T - Carrier</p>																					
<p>7. FEDERAL FUND TYPES:</p> <p><input type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan</p>		<p>8. TYPE OF ORGANIZATION:</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Other (Specify) Educational Institution</p>																					
<p>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)</p>																							
<table border="1"><thead><tr><th>A. NAME</th><th>B. TITLE</th></tr></thead><tbody><tr><td colspan="2">(b) (6), (b) (7)(C)</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>				A. NAME	B. TITLE	(b) (6), (b) (7)(C)																	
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<p align="center">CERTIFICATION</p> <p>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.</p>																							
<p>10. SIGNATURE</p> <p>(b) (6), (b) (7)(C)</p>		<p>11. NAME AND TITLE OF REGISTRANT</p> <p>(b) (6), (b) (7)(C)</p>																					
		<p>12. DATE SIGNED</p> <p>5/4/2020</p>																					