Section 3 of the Animal Welfare Act, shall register with the provides information for such registration.	icensed under application				5-200-200-200	No. 0579 M APPRO		
U.S. DEPARTMENT OF A					USDA USE OI	NLY		
APPLICATION FOR REGISTRATION (TYPE OR PRINT)			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					
REGISTRATION	N UPDATE							
			<b>CERTIFI</b> 23-R-0090 361	CATE NO	./CUST NO:	RENEWA 8-Mar-2020	L DAT	E
1. REGISTRANT (Name and permanent mailing address	s, including Zip Code)				SS, EXHIBITION SIT	E(s), OR RESEAR	CH FACILIT	IES
Magee Womens Research Institute 204 Craft Avenue Pittsburgh, PA 15213  COUNTY: Allegheny TELEPHONE (412) 641 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF A		(Use additional sheets if necessary)  204 Craft Avenue Pittsburgh, PA 15213 County: Allegheny  4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:						
			1					
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6. TYPE OF REGISTRATION:							
RESEARCH, TESTS, OR EXPERIMENTS	♦ Class E – Exhibitor ♦ Class H – Intermediate Handler							
X Yes □ No								
7. FEDERAL FUND TYPES:		8. TYPE OF ORGANIZATION:  \$\rightarrow\$ Partnership \$\rightarrow\$ Corporation \$\rightarrow\$ Individual  \$\rightarrow\$ Other (Specify)1251462312 A1						
Award Contract Grant L								
		Other (Spe	ecify) 12.5	14662	1~ (1)			
9. IF INDIVIDUAL IDENTIFY EACH OWN	ER, IF PARTNERSHIP ID	ENTIFY EACH PART	TNER OR OFFICE	R, IF CORPORA	TION, IDENTIFY PRI	INCIPAL	T	
OFFICERS FOR RESEARCH FACILITIES	S INCLUDE THE INSTITU	ENTIFY EACH PART TIONAL OFFICIAL (	TNER OR OFFICE Use separate she	R, IF CORPORA et if needed)	TION, IDENTIFY PRI			
9. IF INDIVIDUAL IDENTIFY EACH OWN OFFICERS FOR RESEARCH FACILITIES  A. NAME	S INCLUDE THE INSTITU	ENTIFY EACH PART TIONAL OFFICIAL (	TNER OR OFFICE Use separate she	R, IF CORPORA et if needed)	TION, IDENTIFY PRI	cluding ZIP Code)		5010
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OFFICERS FOR RESEARCH FACILITIES  A. NAME  (b) (6), (b) (7)(C)  I hereby register as a Research Facility, Exhibitor, Carrier to the best of my knowledge. I hereby acknowledge receipt	B. TITL	CERTIFICA	THON	R, IF CORPORA et if needed)  ADI  4 Craft	DRESS (full address, inc  Ave, Pit:	tsburgh,	rein is true a	and correct
OFFICERS FOR RESEARCH FACILITIES  A. NAME  (b) (6), (b) (7)(C)	B. TITL	ENTIFY EACH PARTITIONAL OFFICIAL (I	TION fare Act, 7 U.S.C	ADIO ADIO ADIO ADIO ADIO ADIO ADIO ADIO	Ave, Pit:	tsburgh,  mation provided hete 2 and 3. I certify tha	rein is true a	nd correct
OFFICERS FOR RESEARCH FACILITIES  A. NAME  (b) (6), (b) (7)(C)  I hereby register as a Research Facility, Exhibitor, Carrier to the best of my knowledge. I hereby acknowledge receip 18 years of age or older,	B. TITL	CERTIFICA  nder the Animal Welf  ith all the regulations	THON	ADIO ADIO ADIO ADIO ADIO ADIO ADIO ADIO	Ave, Pit:	tsburgh,  mation provided hete 2 and 3. I certify tha	rein is true a t all listed p	nd correct

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