

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)		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		
REGISTRATION UPDATE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> CERTIFICATE NO./CUST NO: 23-R-0033 337 </td> <td style="width: 40%;"> RENEWAL DATE 13-Feb-2020 </td> </tr> </table>	CERTIFICATE NO./CUST NO: 23-R-0033 337	RENEWAL DATE 13-Feb-2020
CERTIFICATE NO./CUST NO: 23-R-0033 337	RENEWAL DATE 13-Feb-2020			
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Children's Hospital Of Philadelphia 2716 South Street Philadelphia, PA 19146 COUNTY: Philadelphia TELEPHONE (215) 590 - 3800		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 10px;"> (b) (7)(F) </div>		
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) N/A		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: N/A		
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 type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier			
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan	8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) Private, non-profit hospital and research institute			
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: 4em; padding: 20px;"> (b) (6), (b) (7)(C) </div>				

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.

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 02/20/2020
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