

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
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Lehigh University Office Of The Vice President And Associate Provost For Research And Graduate Studies 27 Memorial Dr West Bethlehem, PA 18015 COUNTY: Northampton TELEPHONE (610) 758 - 2871		CERTIFICATE NO./CUST NO: 23-R-0064 353
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		RENEWAL DATE 26-Feb-2020
2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES <i>(Use additional sheets if necessary)</i> <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 20px;">(b) (7)(F)</div>		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) 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 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) <u>24-0795-445</u>	
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; text-align: center; padding: 20px;">(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)	12. DATE SIGNED 29 Jan 2020
--	---	---------------------------------------

All Site Addresses for Customer: 353

1st Floor Iacocca Hall
111 Research Drive
Bethlehem, PA 18015

County: Northampton