Every research facility, exhibitor, caurier, and intermediate hander 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
I) S DEDADTHEN OF LANGUE TO			
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)		USDA USE ON Applicant should send completed form to USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478	ILY This address.
REGISTRATION UPDATE			. 1
		CERTIFICATE NO./CUST NO:	RENEWAL DATE
		374	7-Aug-2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code)  University Of Scranton 800 Linden Street Scranton, PA 18510  COUNTY: Lackawanna TELEPHONE (570) 941 - 6190  3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE (Use additional sheets if necessary)	(s), OR RESEARCH FACILITIES
		(b) (7)(F) County: Lackawanna	
		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	6. TYPE OF REGIST	RATION:	
Yes □ No		xhibitor	
	♦ Class R R	esearch Facility 🔷 Class T - Carrie	
7. FEDERAL FUND TYPES: 8. TYPE OF ORGANI		ZATION:	
♦ Award ♦ Contract ♦ Grant ♦ Loan	♦ Partnership ♦ Corporation ♦ Individual		
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTMERSHIP IDENTIFY EACH PARTMER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)  A. HAME B. TITLE			
(b) (6), (b) (7)(C)		800 Linden St. Scranton, PA 18510 800 Linden St. Scranton, PA 18510	
	,		
,			
		******	***************************************
Thereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 stage, and I certify that the information provided herein is true and correct to years of age or older,  10. SIGNATURE			
(b) (6), (b) (7)(C)	11. NAM	(6), (b) (7)(C)	7/19/20
APHISTORM 7011 ACKNOWLEDGEMENT	OF RECEIPT OF REC	BULATIONS AND STANDARDS	1/1/2