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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

**CERTIFICATE NO./CUST NO:**

10-R-0005

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**RENEWAL DATE**

23-Aug-2020

2023 Acs

**1. REGISTRANT (Name and permanent mailing address, including Zip Code)**

The George Washington University  
2300 Eye St Nw  
Anml Res Fac., Ross B-12  
Washington, DC 20037

COUNTY: District Of Columbia TELEPHONE (202) 994 - 0664

**3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)**

**2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES**  
(Use additional sheets if necessary)

Ross Hall B-12  
2300 Eye Street, Nw  
Washington, DC 20037  
County: District Of Columbia

**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

☒ Yes ☐ No

**6. TYPE OF REGISTRATION:**

☐ Class E – Exhibitor

☐ Class H – Intermediate Handler

☐ Class R – Research Facility

☐ Class T - Carrier

**7. FEDERAL FUND TYPES:**

☐ Award ☐ Contract ☐ Grant ☐ Loan

**8. TYPE OF ORGANIZATION:**

☐ Partnership

☐ Corporation

☐ Individual

☐ Other (Specify) \_\_\_\_\_

**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)

**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**

**11. NAME AND TITLE (Type or Print)**

Research Compliance Specialist, IACUC

**12. DATE SIGNED**

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS