

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:

Animal Care, APHIS-USDA
EASTERN
920 Main Campus Drive, Suite 200
Raleigh, NC 27606-5210
Phone: (919) 855-7100

CERTIFICATE NO./CUST NO.
22-R-0022

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RENEWAL DATE

~~27-Jul-2020~~

27-Jul-2023

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

Princeton University
P O Box 36
Princeton, NJ 08544 0036

COUNTY: Mercer TELEPHONE (609) 258 - 6003

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

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

(b) (7)(F)

County: Mercer

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) Academic Institution

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) |
|---------|----------|---|
|---------|----------|---|

(b) (6), (b) (7)(C)

(b) (7)(F)

*See attached Appendix listing the Princeton University Officers

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
(b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

(b) (6), (b) (7)(C)

12. DATE SIGNED

6-22-2020