According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information

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 U.S.C. 2136). This application provides information for such registration.

OMB Approved 0579-0036

reviewing the collection of information				registration,			_	
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				USDA USE ONLY				
APPLICATION FOR REGISTRATION			Applicant should send completed form to this address					
(TYPE OR PRINT)			USDA APHIS ANIMAL CARE Eastern Region					
,			920 Main Campus Drive					
			Suite 200 Raleigh, NC 27606					
DEGISTRATION LIBRATE								
REGISTRATION UPDATE			CERTIFI 23-R-00!	ERTIFICATE NO./CUSTOMER NO: RENEWAL DATE 3-R-0055 16-AUG-20				
			340	,,		1070020		
REGISTRANT (Name and permanent meiling address, Including ZIP Code)				2. LOCATION(s) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES				
1. Table tractic beams and between the ling to areas, mentally an accept			(Use additional sheets if necessary)					
The Wister Institute 3501 Spruce Street			3601 Spruce Street Philedelphia, PA 19104					
Philadelphia, PA 19104			County: Philadelphia					
COUNTY: Philadelphia TELEPHONE: (215) 495-6895 3. PREVIOUS USDA REGISTRATION NUMBER (if any)				A ACTUE HODA OFFICE ATE AUTHOFFICE IN MUNICIPAL AND THE STATE AND THE ST				
· · · · · · · · · · · · · · · · · · ·			4. ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: N/A					
N/A								
5. ARE YOU USING FEDERAL FUNDS TO CARRYOUT 8. TYPE OF REG							_	
RESEARCH, TESTS, OR EXPERIMENTS?			Class E - Exhibitor Class H - Intermediate Handler					
⊠ Yes □ No			- LXIIIDILOI			memediate i	andie	
			Class R - Research Facility Class T - Carrier					
7. FEDERAL FUND TYPES: 8. TYPE OF OR			GANIZATION:					
			Individual Corporation Partnership					
			(University, State, Municipality, LLC, Trust)					
								9. IF INDMIDUAL 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 Dario Altieri, M.D.	ME 8. TITLE President & CEO			C. ADDRESS (full address, including 2IP Code) The Wister Institute				
			3601 Spruce Street					
(b) (6) , (b) (7) (C				Philadelphia, PA 19104 Same as above				
				Same as above				
			Sa	Same as above				
			Same as above					

				Same as above				
			Ocean and the second					
			Same as above					
	L		<u></u>		********			
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, 1 certify that all listed persons are 18 years of age or older.

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

11. NAME AND TITLE (Type of Flight)

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

12. DATE SIGNED

July 16, 2020

ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011 APR 2009