

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
WESTERN
2150 Centre Ave.
Building B, Mailstop #3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:

42-R-0004

1576

RENEWAL DATE

16-Aug-2020

ga

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

University Of Iowa
Office Of Animal Resources, Office Of The Iacuc
L350 P B D B
169 Newton Road
Iowa City, IA 52242

COUNTY: Johnson TELEPHONE (319) 335 - 7985

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

Office Of Animal Resources, Office Of The Iacuc
L350 Pbdb
169 Newton Road
Iowa City, IA 52242
County: Johnson

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

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

☒ *ecify* Public University

NER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL
se separate sheet if needed)

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

C. ADDRESS (full address, including ZIP Code)

(b) (7)(F)

Office of Animal Resources
University of Iowa, L350 PDB; 169 Newton Road
Iowa City, Iowa

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

7/8/20

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

Obtained by *Free for Animals.*
Research Laboratory Overview (ARLO) on 11/30/2020