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Every research facility, 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

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**APPLICATION FOR
REGISTRATION**
(TYPE OR PRINT)

NEW REGISTRATION

USDA USE ONLY

CERTIFICATE NUMBER/CUSTOMER NUMBER

21-R-0252

RENEWAL DATE

12-AUG-2023

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

Ichar Therapeutics, Inc
2521 US Route 11
LaFayette, NY 13084

COUNTY: Oneandaga

TELEPHONE NUMBER: 315-677-8400

2. ALL BUSINESS NAMES AND SITE LOCATION(S).

Ichar Therapeutics, Inc

(b) (7)(F)

COUNTY: Oneandaga

TELEPHONE NUMBER: 315-677-8400

☐ Use additional sheets, if necessary

3. PREVIOUS USDA REGISTRATION NUMBER (if any):

4. 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 H - Intermediate Handler

☐ Class T - Carrier

☒ Class R - Research Facility

7. TYPE OF ORGANIZATION:

☐ Individual

☒ Corporation

☐ Partnership

☐ Other

8. IF INDIVIDUAL, IDENTIFY THE OWNER; IF PARTNERSHIP, IDENTIFY EACH PARTNER OR OFFICER; IF CORPORATION OR OTHER, IDENTIFY PRINCIPAL OFFICERS. FOR RESEARCH FACILITIES INCLUDE THE NAME OF THE INSTITUTIONAL OFFICIAL. (Use separate sheet, if needed)

A. NAME B. TITLE

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

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

9. CHECK THE TYPE OF ANIMAL(S) USED IN YOUR BUSINESS.

DOGS

☒

NONHUMAN PRIMATES

☐

RODENTS
(Do not include lab rats or mice)

☐

CATS

☐

MARINE MAMMALS

☐

WILD/EXOTIC
HOOFSTOCK

☐

GUINEA PIGS

☐

FARM ANIMALS

☒

BEARS

☐

HAMSTERS

☐

WILD/EXOTIC
CANINES

☐

WILD/EXOTIC
MAMMALS
(Not listed elsewhere)

☐

RABBITS

☒

WILD/EXOTIC
FELINES

☐

OTHER

☐

CERTIFICATION

I hereby register as a Research Facility, 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.

11. NAME AND TITLE (Type or Print)

Kelley Moody, CEO

12. DATE SIGNED

28 JUL 2020