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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)

USDA USE ONLY

NEW REGISTRATION

CERTIFICATE NUMBER/CUSTOMER NUMBER

35-R-0137

RENEWAL DATE

July 30, 2023

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

Lawrence University
711 East Boldt Way
Appleton, WI 54911

LOCATION(S).

(b) (7)(F)

☐ Use additional sheets, if necessary

COUNTY: Outagamie

TELEPHONE NUMBER:

920.832.7000

c

(b) (7)(F)

TELEPHONE NUMBER:

(b) (7)(F)

3. PREVIOUS USDA REGISTRATION NUMBER (If any):

NA

4. ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

NA

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 University

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

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

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

DOGS	<input type="checkbox"/>	NONHUMAN PRIMATES	<input type="checkbox"/>	RODENTS (Do not include lab rats or mice)	<input checked="" type="checkbox"/>
CATS	<input type="checkbox"/>	MARINE MAMMALS	<input type="checkbox"/>	WILD/EXOTIC HOOFSTOCK	<input type="checkbox"/>
GUINEA PIGS	<input type="checkbox"/>	FARM ANIMALS	<input type="checkbox"/>	BEARS	<input type="checkbox"/>
HAMSTERS	<input type="checkbox"/>	WILD/EXOTIC CANINES	<input type="checkbox"/>	WILD/EXOTIC MAMMALS (Not listed elsewhere)	<input type="checkbox"/>
RABBITS	<input type="checkbox"/>	WILD/EXOTIC FELINES	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

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.

10. SIGNATURE

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

11. NAME AND TITLE (Type or Print)

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

12. DATE SIGNED

7/22/20

ACKNOWLEDGMENT