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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

OMB Approved 0579-0036

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR

REGISTRATION

USDA (7 U.S.C. 2136). This application provides information for such registration.

USDA USE ONLY Applicant will send completed form to this address:

USDA-APHIS-Animal Care 2150 Centre Avenue, Building B

(TYPE OR	(PRINT)	Mail Stop # 3W11 Fort Collins, CO 8		117			
	CERTIFICATE NUMBER/CUSTOMER NUMBER			RENEWAL DATE			
NEW REGIS	72-R-0105			July 22, 2023			
REGISTRANT (Name and permanent mailing address, including ZIP Code): University of New Orleans		(b) (7)(F)			Use additional sheets, if necessary		
2000 Lakeshore Drive, New C	Orleans, LA 70148			(b) $(7)(F)$	-)		
COUNTY: TELEPHONE NUMBER: Orleans 504-280-4032		COUNTY: (b) (7)(F) TELEPHONE NUMBER: (b) (7)(F)					
3. PREVIOUS USDA REGISTRATION NUMBER (If any):		4. ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:					
N/A		N/A					
RESEARCH, TESTS, OR EXPERIMENTS?		of REGISTRATION: ass H – Intermediate Handler					
8. IF INDIVIDUAL, IDENTIFY THE OWNER PARTNER OR OFFICER; IF CORPORATIO OFFICERS. FOR RESEARCH FACILITIES	N OR OTHER, IDENTIFY PRINCIPAL INCLUDE THE NAME OF THE		Other	University AL(s) USED IN YOUR BUSINE	ESS.		, ct
A. NAME	sheet, if needed) B. TITLE		T				
Dr. Matthew Tarr	Vice President for Research and Economic	DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	Ø
Dr. Martin O'Connell	UNO-IACUC Chair	CATS		MARINE MAMMALS		WILD/EXOTIC HOOFSTOCK	_
Dr. Leslie Birke, D.V.M.	Veterinarian UNO-IACL	GUINEA PIGS		FARM ANIMALS		BEARS	
Alana Coleman, M.B.A.	Compliance and Trainir	HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (Not listed elsewhere)	
		RABBITS		WILD/EXOTIC FELINES		OTHER	0

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.

12. DATE SIGNED

9 July 2020

APHIS FORM 7011A MAR 2013