



United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Animal Care

EXPIRATION DATE: NOVEMBER 07, 2022

This is to certify that UNIVERSITY OF COLORADO-BOULDER

is a registered CLASS R RESEARCH FACILITY  
under the

## Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 84-R-0060

Customer No. 1835

A handwritten signature in dark ink, appearing to read "Elizabeth Golding". The signature is written in a cursive, flowing style.

Deputy Administrator

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:**  
84-R-0060

1835

**RENEWAL DATE**

7-Nov-2019

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

University Of Colorado-Boulder  
2860 Wilderness Place, 603 Ucb / Room 102  
Boulder, CO 80301

COUNTY: Boulder TELEPHONE (303) 492 - 4787

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

(b) (7)(F)

**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  
☐ Other (Specify) \_\_\_\_\_

**9. IF INDIVIDUAL 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 B. TITLE C. ADDRESS (full address, including ZIP Code)

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

**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.

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

11. NAME AND TITLE (Type or Print)

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

12. DATE SIGNED  
10/31/19

APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

19 NOV 2019