



United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Animal Care

EXPIRATION DATE: NOVEMBER 05, 2022

This is to certify that  
WESTERN UNIVERSITY OF HEALTH SCIENCES

is a registered CLASS R RESEARCH FACILITY  
under the

## Animal Welfare Act

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

Certificate No. 93-R-0464

Customer No. 15322

  
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<br>FORM APPROVED  |  |
| U.S. DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br><b>APPLICATION FOR REGISTRATION</b><br>(TYPE OR PRINT)<br><br><b>REGISTRATION UPDATE</b>  |          | <b>USDA USE ONLY</b><br>Applicant should send completed form to this address.<br>USDA APHIS ANIMAL CARE<br>WESTERN<br>2150 Centre Ave.<br>Building B, Mailstop 3W11<br>Fort Collins, CO 80526-8117<br>(970) 494-7478  |  |
| <b>CERTIFICATE NO./CUST NO:</b><br>93-R-0464<br><br>15322   |          | <b>RENEWAL DATE</b><br><br>5-Nov-2019   |  |
| <b>1. REGISTRANT</b> (Name and permanent mailing address, including Zip Code)<br>Western University Of Health Sciences<br>309 East Second Street<br>Pomona, CA 91766 1854<br><br>COUNTY: LOS ANGELES    TELEPHONE ( ) - 909-469-7040  |          | <b>2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES</b><br>(Use additional sheets if necessary)<br><div style="display: flex; justify-content: space-around;"> <div style="background-color: black; color: red; font-size: 2em; padding: 10px;">(b) (7)(F)</div> <div style="background-color: black; color: red; font-size: 2em; padding: 10px;">(b) (7)(F)</div> </div> |  |
| <b>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</b>  |          | <b>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</b>  |  |
| <b>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</b><br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |          | <b>6. TYPE OF REGISTRATION:</b><br><div style="display: flex; justify-content: space-between;"> <span>◇ Class E – Exhibitor</span> <span>◇ Class H – Intermediate Handler</span> </div> <div style="display: flex; justify-content: space-between;"> <span>◇ Class R – Research Facility</span> <span>◇ Class T – Carrier</span> </div>   |  |
| <b>7. FEDERAL FUND TYPES:</b><br><div style="display: flex; justify-content: space-between;"> <span>◇ Award</span> <span>◇ Contract</span> <span>◇ Grant</span> <span>◇ Loan</span> </div>  |          | <b>8. TYPE OF ORGANIZATION:</b><br><div style="display: flex; justify-content: space-between;"> <span>◇ Partnership</span> <span>◇ Corporation</span> <span>◇ Individual</span> </div> <div style="display: flex; justify-content: space-between;"> <span>◇ Other (Specify)</span> <span>University</span> </div>   |  |
| <b>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)</b>   |          |   |  |
| A. NAME   | B. TITLE | C. ADDRESS (full address, including ZIP Code)   |  |
| (b) (6), (b) (7)(C)   |          |   |  |
| <b>CERTIFICATION</b><br>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>10. SIGNATURE</b><br><div style="background-color: black; color: red; font-size: 2em; padding: 10px;">(b) (6), (b) (7)(C)</div>  |          | <b>11. NAME AND TITLE (Type or Print)</b><br><div style="background-color: black; color: red; font-size: 2em; padding: 10px;">(b) (6), (b) (7)(C)</div>   |  |
|   |          | <b>12. DATE SIGNED</b><br>10/11/19  |  |

APHIS FORM 7011  
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS