

## United States Department of Agriculture

Marketing and Regulatory **Programs** 

Animal and Plant Health Inspection Service

Animal Care

**EXPIRATION DATE: NOVEMBER 29, 2022** 

This is to certify that

UNIVERSITY OF HAWAII AT MANOA

is a registered under the

CLASS R RESEARCH FACILITY

## **Animal Welfare Act**

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

Certificate No.

95-R-0002

Customer No.

19



Deputy Administrator

			0110 11 0500 0000
Every research facility, exhibitor, carrier, and intermediate handler not required to be lid. Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This 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)		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: 95-R-0002	RENEWAL DATE 29-Nov-2019
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SIT	E(s), OR RESEARCH FACILITIES
University Of Hawaii At Manoa Un Of Hawaii At Manoa Office Of The Vp For Res And Innovation 2444 Dole Street, Bachman Hall Honolulu, HI 96822  COUNTY: Honolulu TELEPHONE () - (808) 956-5006  3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)	clair 10	(Use additional sheets if necessary)  (D) (7) (F)  4. (B) ACTIVE USDA CERTIFICATE NUMBER(S)	IN WHICH YOU HAVE AN INTEREST:
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6. TYPE OF REGI	STRATION:	
RESEARCH, TESTS, OR EXPERIMENTS Class E -		Exhibitor Class H – Intermediate Handler	
☐ Yes ☐ No		Research Facility Class T - Carrier	
7. FEDERAL FUND TYPES:  8. TYPE OF ORGANIZATION:  ↑ Partnership   Corporation  Individual  Ŷ Other (Specify) University			
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 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, 1 certify that all listed persons are 18 years of age or older.

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

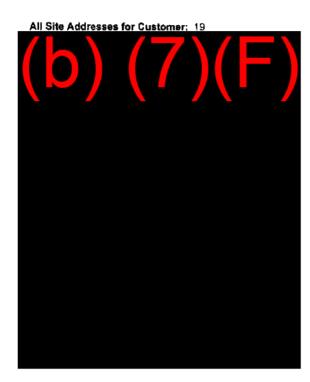
(b) (6), (b) (7)(C)

12. DATE SIGNED

10-24-19

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

APHIS FORM 7011 (FEB 2009)



Corrected Address:



Site 009 cancelled as of 05 July 2019