

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)

USDA USE ONLY

Applicant should send completed form to this address:
USDA APHIS ANIMAL CARE
Eastern Region
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

REGISTRATION UPDATE

CERTIFICATE NO./CUST NO:

12-R-0003

167

RENEWAL DATE

26-Jul-2019

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

University Of New Hampshire
University Of New Hampshire
107 Service Building, 51 College Road
Durham, NH 03824

COUNTY: Strafford TELEPHONE (603) 862-2003

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES

(b) (7)(F)

County: Strafford

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) PUBLIC 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)
JAMES N. DEAN, JR	PRESIDENT	UNH, 201A THOMPSON HALL, DURHAM, NH 03824
(b) (6), (b) (7)(C)		UNH, THOMPSON HALL, DURHAM, NH 03824

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)

SR. DIRECTOR FOR RESEARCH

12. DATE SIGNED

7/18/19

DEPARTMENT OF RECEIPT OF REGULATIONS AND STANDARDS

29 JUL 2019



University of
New Hampshire

Office of the Senior Vice Provost
for Research

107 Thompson Hall
105 Main Street
Durham, NH 03824-3547

V: 603.862.1948
F: 603.862.3617
TTY: 7.1.1 (Relay NH)

July 17, 2019

Elizabeth Goldentyer, D.V.M.
Director, Animal Welfare Operations
USDA, APHIS, Animal Care
920 Main Campus Drive, Suite 200
Raleigh, NC 27606-5213

RE: USDA Registration No. 12-R-0003

Dear Dr. Goldentyer:

Enclosed is the updated application for registration for the University of New Hampshire (UNH) animal program due to changes in UNH's leadership (President and Institutional Official).

I am transmitting this document as UNH's Institutional Official charged with oversight of the animal program.

If you have questions or concerns about the application materials, please feel free to contact me. Thank you. We look forward to receipt of the new registration.

Sincerely,

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

Enclosure