Every research fackty, exhibitor camer, and intermediate handler not required to be licensed under Section 3 of the Animal Wefare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.			OMB No. 0579-0036 FORM APPROVED
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 27696-5210 (919) 855-7100	
REGISTRATION UPDA	TE		
		CERTIFICATE NO./CUST NO: 12-R-0003	RENEWAL DATE
		107	
1. REGISTRANT (Name and permanent mailing address, including Zip Code)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE	(3), OR RESEARCH FACE ITIES
University Of New Hampshire University Of New Hampshire 107 Service Building, 51 College Road Durham, NH 03824		(b) (7)(F)	
COUNTY: Strafford TELEPHONE (603) 862 - 2003 D. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)			
(A) THE VIOUS USDA MEGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN	WHICH YOU HAVE AN INTEREST
		TOTAL STATE OF THE	
ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6 TYPE OF REGIS		
RESEARCH, TESTS, OR EXPERIMENTS	Class E - E		
Yes □ No ☑ Class R – Re		xhibitor	
FEDERAL FUND TYPES	8 TYPE OF ORGAN		
Award Contract Grant Loan	Partnership	□ Corporation □ Indi	vidual
9. IF INDIVIDUAL IDENTIFY EACH OWNED IS DARTHED THE	② Other (Spec	FUBLIC UNIVERSIT	Y
F INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INST NAME	TUTIONAL OFFICIAL (Us	ER OR OFFICER, IF CORPORATION, IDENTIFY PRINCI a separate sheet if needed)	PAL
	nite	C. ADDRESS (Ad address violation	g DP Code!
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b) (6), (b) (7)(C)		UNH, THOMPSON HALL	DURHAM, NH 03824
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	and the state of t		
oby register as a Research Facisty, Exhibitor, Camer, or Informediate Handler o best of my knowledge, it hereby acknowledge receipt of and agree to comply ters of age or pider.	CERTIFICATION under the Animal Welfare A		
e best of my knowledge. I hareby acknowledge receipt of and agree to comply ears of age or older.	with all the regulations and		browded herein is true and correct I certify that at listed persons are
b) (6), (b) (7)(C)	11, NAME	DIRECTOR FOR DESEASCH	12. DATE SIGNED

2 9 JUL 2019



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

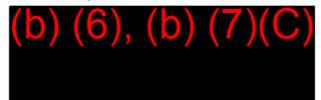
Dear Dr. Goldentyer:

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,



Enclosure