

USDA USE ONLY

CERTIFICATE NO./CUST NO:

RENEWAL DATE

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

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

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

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
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NAME

B.	TITLE
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TITLE

C.	ADDRESS (full address, including ZIP Code)
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Mark Taubman MD

CEO UR Medical Center
Sr VP Health Sciences

601 Elmwood Avenue BOX 674
Rochester, NY 14642

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.

10. SIGNATURE _____

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

11. NAME AND TITLE (Type or Print)

Mark Taubman MD

12. DATE SIGNED

DATE SIGNED
11/20/2020

APHIS FORM 7011
(FEB/2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

01 DEC 2020