

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.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
EASTERN
2150 Centre Ave.
Building B, Mailstop #3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:

21-R-0141

399

RENEWAL DATE

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

ST. LAWRENCE UNIVERSITY
23 ROMODA DRIVE
DEANS OFFICE / VILAS HALL
CANTON, NY 13617
COUNTY: SL TELEPHONE (315) 229-5993

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

(b) (7)(F)

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

☐ 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)

4-YEAR UNDERGRADUATE UNIVERSITY PRIVATE (NFB)
#501-C-3

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)		ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE DEANS' OFFICE, VILAS HALL CANTON, NY 13617
William Fox, Ph.D.	PRESIDENT OF UNIVERSITY	ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE PRESIDENT'S OFFICE, VILAS HALL CANTON, NY 13617

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)

12. DATE SIGNED

12/8/2020

APHIS FORM 7011
(FEB 2009)

PREPARED BY:

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