

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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 U.S.C. 2136). This application provides information for such registration.

OMB Approved  
0579-0036  
Exp.xx/xxxx

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

*Registration Update*  
**NEW REGISTRATION**

**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./CUSTOMER NO:  
21-R-0180  
414

RENEWAL DATE  
November 13, 2020

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

Medaille College  
18 Agassiz Circle  
Buffalo, NY 14214

COUNTY: ERIE

TELEPHONE: (716) 880-2000

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

(b) (7)(F)

3. PREVIOUS USDA REGISTRATION NUMBER (if any)

4. 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:

☐ Individual ☐ Corporation ☐ Partnership  
☒ Other (University, State, Municipality, LLC, Trust) college

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)
Dr. Kenneth Macur	President	Medaille College 18 Agassiz Circle Buffalo, NY 14214
(b) (6), (b) (7)(C)		Medaille College 18 Agassiz Circle Buffalo, NY 14214

**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) Dr. Kenneth M. Macur, President	12. SOCIAL SECURITY NUMBER OR EMPLOYEE IDENTIFICATION NUMBER	13. DATE SIGNED 11/17/20
---------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------	-----------------------------

ACKNOWLEDGMENT OF RECEIPT OF REGULATIONS AND STANDARDS