

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 No. 0579-0036
FORM APPROVED

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
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

CERTIFICATE NO./CUSTOMER NO:

21-R-0234

331860

RENEWAL DATE

17-NOV-2020

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

Cold Spring Harbor Laboratory
1 Bungtown Rd
Harris Building
Cold Spring Harbor, NY 11724

COUNTY: SUFFOLK

TELEPHONE: (516) 422-4064

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

1 Bungtown Rd, Harris Building
Cold Spring Harbor, NY 11724

(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)

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)

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)

12. SOCIAL SECURITY NUMBER OR EMPLOYEE IDENTIFICATION NUMBER

13. DATE SIGNED

11/17/2020