

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.		OMB No. 0579-0036 FORM APPROVED	
<p align="center">U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p align="center">APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p align="center">REGISTRATION UPDATE</p>		<p align="center">USDA USE ONLY</p> <p>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</p>	
		<p>CERTIFICATE NO./CUST NO: 23-R-0011 285</p> <p>RENEWAL DATE 7/25/2023 ALB</p>	
		<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>Thomas Jefferson University 1020 Locust St. Philadelphia, PA 19107</p> <p>COUNTY: Phila TELEPHONE (215) 955-3900</p>	
<p>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</p> <p>None</p>		<p>2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>See attached sheet.</p>	
<p>5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>6. TYPE OF REGISTRATION:</p> <p><input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler</p> <p><input checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier</p>	
<p>7. FEDERAL FUND TYPES:</p> <p><input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan</p>		<p>8. TYPE OF ORGANIZATION:</p> <p><input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual</p> <p><input checked="" type="checkbox"/> Other (Specify) Nonprofit Corporation</p>	
<p>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)</p>			
A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)	
Stephen K. Klasko, MD, MBA	President, CEO of TJU and JH	(b) (7)(F)	
(b) (6), (b) (7)(C)		1020 Locust St, (b) (7)(F) Philadelphia, PA 19107	
		(b) (7)(F)	
		1020 Locust St., (b) (7)(F) Philadelphia, PA 19107	
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 11/13/2020	

RESEARCH FACILITY SITES LISTING

Registered Facility Name: **Thomas Jefferson University**

Registration Number: **23-R-0011**

Please list all sites that house animals under the above registration number. Be sure to include all requested information. Do not leave any spaces blank. If the line does not apply, please make it N/A. If you have more than three (3) sites, please copy this form as many times as needed before filling in the sites.

Site No.: 1 Name/Department: Office of Animal Resources
Address: 1020 Locust Street
Philadelphia, PA 19107
Building: (b) (7)(F)
Floor/Room: (b) (7)(F)
Contact Person: Judith Daviau, DVM
Phone: (215) 503-5885

Site No.: 2 Name/Department: Office of Animal Resources
Address: (b) (7)(F)
Building: (b) (7)(F)
Floor/Room: (b) (7)(F)
Contact Person: (b) (7)(F)
Phone: (215) 503-5885