

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	
<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>APPLICATION FOR REGISTRATION</b> (TYPE OR PRINT)  <b>REGISTRATION UPDATE</b>		<b>USDA USE ONLY</b>  Applicant should send completed form to this address USDA APHIS ANIMAL CARE EASTERN 920 Main Campus Suite 200 Raleigh, NC 27606-5210 (919) 855-7100	
1. REGISTRANT (Name and permanent mailing address, including ZIP Code)  Oakland University Office of Research Administration 528 Wilson Hall 371 Wilson Boulevard Rochester, MI 48309-4486  COUNTY: OAKLAND                      TELEPHONE: (248) 370-4440		CERTIFICATE NO./CUSTOMER NO: 34-R-0038  201	RENEWAL DATE 24-NOV- 2020
3. PREVIOUS USDA REGISTRATION NUMBER (If any)		2. LOCATION(s) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES (Use additional sheets if necessary)  <div style="background-color: black; color: red; font-size: 2em; text-align: center; padding: 20px;">(b) (7)(F)</div>	
5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. TYPE OF REGISTRATION: <input type="checkbox"/> Class E - Exhibitor <input type="checkbox"/> Class H - Intermediate Handler <input checked="" type="checkbox"/> Class R - Research Facility <input type="checkbox"/> Class T - Carrier	
7. FEDERAL FUND TYPES:  <input checked="" type="checkbox"/> Award <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION:  <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other (University, State, Municipality, LLC, Trust) Public University	
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)		Oakland University 536 Wilson Hall 371 Wilson Boulevard Rochester, MI 48309-4486	
<b>CERTIFICATION</b>			
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		12. DATE SIGNED	
(b) (6), (b) (7)(C)		11/17/2020	
11. NAME AND TITLE (Type or Print)			