

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>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>APPLICATION FOR REGISTRATION (TYPE OR PRINT)</p> <p>REGISTRATION UPDATE</p>		<p>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: 51-R-0018/ CID# 89</p> <p>RENEWAL DATE 13-NOV-2020</p>	
<p>1. REGISTRANT (Name and permanent mailing address, including Zip Code)</p> <p>University of Maryland, Baltimore 10S Pine Street, MSTF Building, room G100 Baltimore, MD 21201</p> <p>Baltimore COUNTY: TELEPHONE 410 706 3540</p>		<p>2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary)</p> <p>University of Maryland Baltimore 10S Pine Street, Baltimore, MD 21201</p>	
<p>3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)</p> <p>N/A</p>		<p>4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:</p> <p>51-R-0018</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) University</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>			
<p>A. NAME</p>		<p>B. TITLE</p>	
<p>C. ADDRESS (full address, including ZIP Code)</p>			
<p>(b) (6), (b) (7)(C)</p>		<p>(b) (7)(F)</p>	
<p>CERTIFICATION</p> <p>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.</p>			
<p>10. SIGNATURE</p> <p>(b) (6), (b) (7)(C)</p>		<p>12. DATE SIGNED</p> <p>11/18/2020</p>	