

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Cc: (b) (6), (b) (7)(C); [Lupo, Keri A - APHIS](#)
Subject: USDA-AWA Registration - St. Lawrence University (#399)
Date: Tuesday, December 8, 2020 4:38:44 PM
Attachments: [image003.png](#)
[USDA-AWA RegRenew St. Lawrence University 399 12-2020.pdf](#)
Importance: High

DATE: December 8, 2020

TO: Elizabeth Goldentyer, DVM
Director, Animal Welfare Operations
USDA, APHIS, Animal Care

RE: St. Lawrence University (#399; #21-R-0141) Animal Welfare Registration Update

Dear Dr. Goldentyer,

Attached, please find the completed USDA-Animal Welfare Act registration (form 7100) and Tax Identification form for St. Lawrence University.
Please contact me if you have questions or need additional information.

Sincerely,

(b) (6), (b) (7)(C)

Chair, IACUC

CC: (b) (6), (b) (7)(C)
Keri Lupo, DVM, USDA-APHIS-AC Inspection Officer

(b) (6), (b) (7)(C) *PhD*
Associate Professor
Department of Psychology
St. Lawrence University
Canton, NY 13617

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) [@stlawu.edu](mailto:(b) (6), (b) (7)(C)@stlawu.edu)





ST. LAWRENCE
UNIVERSITY

2021-2022

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

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
2150 Centre Ave.
Building B, Mailstop #3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:

21-R-0141

399

RENEWAL DATE

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

ST. LAWRENCE UNIVERSITY
23 ROMODA DRIVE
DEANS' OFFICE, VILAS HALL
CANTON, NY 13617
COUNTY: ST. LAWRENCE TELEPHONE (315) 229-5993

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES

(b) (7)(F)

CANTON, NY 13617
COUNTY: ST. LAWRENCE

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

4. (B) 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:

☐ Partnership

☒ Corporation

☐ Individual

☐ Other (Specify)

4-YEAR UNDERGRADUATE UNIVERSITY PRIVATE (NFB)
#501-C-3

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)	\$ I.O. TO IACUC	ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE DEANS' OFFICE, VILAS HALL CANTON, NY 13617
William Fox, Ph.D.	PRESIDENT OF UNIVERSITY	ST. LAWRENCE UNIVERSITY 23 ROMODA DRIVE PRESIDENT'S OFFICE, VILAS HALL CANTON, NY 13617

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 and belief, and that I am at least 18 years of age or older. I also certify that the information provided herein is true and correct to the best of my knowledge and belief, and that I am at least 18 years of age or older. I certify that all listed persons are

10. SIGNATURE

(b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

(b) (6), (b) (7)(C)

12. DATE SIGNED

12/8/2020

APHIS FORM 7011
(FEB 2009)

PREPARED BY:

(b) (6), (b) (7)(C)

Ph.D., CHAIR OF IACUC

ASSOCIATE PROFESSOR, PSYCHOLOGY DEPT.

(b) (6), (b) (7)(C)

STATE: NEW YORK

CUSTOMER #: 399

(CERTIFICATE #: 21-R-0141)

IMPORTANT

THE FEDERAL DEBT COLLECTION ACT of 1996 requires us to obtain your Federal Taxpayer Identification Number (FTIN). This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN's).

This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the federal government.

Our computer system will not allow processing of your application or renewal without this number.

You must submit your SSN or EIN number in the appropriate space below. If the number submitted does not match your previously submitted number, you will be contacted for clarification.

If you change the SSN, Tax Id Number, and /or Type of Organization we have on file, you may have to apply for a new License/Registration.

Thank you for your cooperation.

If Type of Organization is Corporation, Partnership (with an EIN), or Other, please fill out A or B

A. Corporation Name: ST. LAWRENCE UNIVERSITY

EIN: 15-0532239

B. Partnership Legal Name: _____

EIN: _____

If Type of Organization is Individual or Partnership (with SSNs), please fill out either C or D

C. Individual: Name: _____ SSN: _____

D. Partnership:

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

August 25, 2014

21-02162_000189