

From: [Research - IACUC](#)
To: [APHIS-AnimalCare](#)
Cc: [operations@research.ufl.edu](#); [REDACTED]@ufl.edu [REDACTED]@ufl.edu
Subject: University of Florida Registration Update [ref:_00D412ElGo._5001Kzh5qW:ref]
Date: Friday, December 18, 2020 2:18:18 PM
Attachments: [USDArenewal2020.pdf](#)

To whom it may concern,


Please see the attached application for registration update from the University of Florida (58-R-003).

Please let me know if you have any questions.

(b) (6), (b) (7)(C) MS, CPIA

Research Regulatory Manager
IACUC Office
University of Florida
Communicore C3-025E
PO Box 100142
Gainesville, FL 32610

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

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ref:_00D412ElGo._5001Kzh5qW:ref

<p>According to the paperwork reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete the information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>		<p align="center">USDA USE ONLY</p> <p align="right">OMB APPROVED 0579-0036</p> <p>Applicant should send completed form to this address:</p> <p>USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11</p> <p>Certificate Number and Customer Number: 58-R-003/859 Renewal Date: 11-16-2020</p>	
<p>United States Department of Agriculture Animal and Plant Health Inspection Service APPLICATION FOR REGISTRATION UPDATE (TYPE OR PRINT)</p>			
<p><i>Every research facility, carrier, and intermediate handler not required to be licensed under 7 U.S.C. 2133, shall register with the USDA (7 U.S.C. 2136). The registration shall be updated every 3 years. (9 C.F.R. §2.30).</i></p>			
<p>1. Type of registration requested: <input type="checkbox"/> Intermediate Handler <input type="checkbox"/> Carrier <input checked="" type="checkbox"/> Research Facility <input type="checkbox"/> Federal Research Facility <input type="checkbox"/> Agricultural Research Facility <input type="checkbox"/> Veterans' Administration</p>			
<p>2. Type of organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> University <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</p>			
<p>3. Type of public (select one): <input checked="" type="checkbox"/> State, Local, Tribal Government <input type="checkbox"/> Business Or Other For-Profit <input type="checkbox"/> Not-For-Profit Institution <input type="checkbox"/> Farm <input type="checkbox"/> Foreign Or Domestic Federal Government <input type="checkbox"/> Individual Or Household</p>			
<p>4. Name of Registrant and Mailing Address: (See Instructions) University of Florida Po Box 115500 Gainesville, FL 32611</p>		<p>5. All Business Names and Location Addresses Housing Animals: include directions to each location (P.O. Box not acceptable) <input type="checkbox"/> Check this box if additional locations are listed on an additional sheet University of Florida Campus Gainesville FL 32611</p>	
<p>6. County: Alachua</p>		<p>10. County: Alachua</p>	
<p>6. Telephone: (b) (6), (b) (7)(C)</p>		<p>11. (b) (6), (b) (7)(C)</p>	
<p>7. <input type="checkbox"/> Residential address <input checked="" type="checkbox"/> Non-residential address</p>		<p>12. Optimal hours for inspection at this location: (days of the week and times of day) 8-5 M-F</p>	
<p>8. EMAIL: (b) (6), (b) (7)(C)@ufl.edu</p>		<p>13. WEBSITE: research.ufl.edu</p>	
<p>14. If individual, identify each owner; if partnership identify each partner or officer; if a corporation, identify principal officers; or if a research facility, identify the Institutional Official. <input type="checkbox"/> Check this box if additional persons are listed on an additional sheet.</p>			
Name	Title	Address (full address including zip code)	
David Norton, Ph.D.	Vice President for Research	University of Florida Po Box 115500 Gainesville, FL 32611	
<p>Certification</p>			
<p>I hereby register as a research facility, 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 certify that to the best of my knowledge and belief, I am in compliance with 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>			
15. Signature (b) (6), (b) (7)(C)	16. Name and title (type or print) Vice President David Norton for Research	17. Date signed 12/18/2020	

APHIS FORM 7011
NOV 2020

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0036

United States Department of Agriculture
Animal and Plant Health Inspection Service
Animal Care

Federal Debt Collection Form

1: State **Florida**



2: Customer Number: 58-R-003

3: Certificate Number: 859

The Federal Debt Collection Act of 1996 requires APHIS to obtain your Federal Taxpayer Identification Number. This would be either your Federal Employer Identification Number (EIN) or your Social Security Number(s) (SSN). This number is for the purpose of collecting and reporting any delinquent amounts arising out of a relationship with the Federal Government. Your SSN or EIN is required to process your license/registration application.

New license/registration applications: You must submit your SSN or EIN using this form.

Renewing license/registration applications:

- You must resubmit your SSN or EIN number using this form.
- If the number submitted does not match your previously submitted EIN or SSN, your application for license/registration renewal will be returned with instructions and your renewal delayed.
- If your SSN, EIN, and/or type of organization changes, you may have to apply for a new license/registration.

If the license/registration certificate is issued to a corporation or partnership, all partners' names and SSN or EIN must be listed.

4: Business Name or Individual Name or Partner

5: Federal Taxpayer Identification Number

Name:

Name: University of Florida

EIN or SSN:

59-6002052

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

Name:

EIN or SSN:

APHIS Form 7030

OCT 2018

Obtained by Rise for Animals.
Uploaded to Animal Research Laboratory Overview (ARLO) on 06/18/2021