

From: (b) (6), (b) (7)(C)
To: APHIS-AnimalCare
Cc: (b) (6), (b) (7)(C)
Subject: FW: USDA ANIMAL CARE REGISTRATION RENEWAL APPLICATION (Eastern Virginia Medical School; Certificate #52-R-0003; Customer ID #497)
Date: Tuesday, January 26, 2021 1:57:18 PM
Attachments: [Message from KM_C654e.msg](#)
Importance: High

To Whom It May Concern:

On November 7, 2020, Eastern Virginia Medical School (EVMS), Norfolk, VA [**Certificate Number: 52-R-0003; Customer ID Number: 497**] submitted its USDA Animal Care Registration renewal application (*see below and attached*). To date, we have not received notification/written confirmation that our registration has indeed been renewed, information that will include the effective date of the registration renewal and the related expiration date. Any information you can provide on the status of our application/registration renewal will be greatly appreciated.

Kindest regards,

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

(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C) **Research Compliance**
Institutional Animal Care and Use Committee (IACUC) Administrator
IACUC Training Coordinator
☎ (b) (6), (b) (7)(C) ☎: 757-446-6019 | ✉ (b) (6), (b) (7)(C)@evms.edu |
Eastern Virginia Medical School | OFFICE OF RESEARCH | WWW.EVMS.EDU |
EVMS (b) (7)(F) Norfolk, VA 23507 |

From: (b) (6), (b) (7)(C)
Sent: Saturday, November 7, 2020 6:32 PM
To: 'animalcare@usda.gov' <animalcare@usda.gov>

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

Subject: USDA ANIMAL CARE REGISTRATION RENEWAL APPLICATION (Eastern Virginia Medical School; Certificate #52-R-0003; Customer ID #497)
Importance: High

Dear Sir/Madame:

RE: USDA Animal Care Registration Renewal Application
Eastern Virginia Medical School (EVMS), Norfolk, Virginia
Certificate Number: 52-R-0003
Customer ID Number: 497

Attached is the USDA Animal Care Registration renewal application for Eastern Virginia Medical School (EVMS), Norfolk, Virginia. Please do not hesitate to contact me or (b) (6), (b) (7)(C) Ph.D., (b) (6), (b) (7)(C) for Research/Institutional Official (IO) should you have questions and/or concerns regarding the submission. Due to the ongoing COVID-19 pandemic, we both are maintaining a hybrid on-site/remote work schedule, so the best way to reach us is via e-mail. My e-mail address is included in my e-mail signature below. Dr (b) (6), (b) (7)(C) e-mail address is (b) (6), (b) (7)(C)@evms.edu.

Kindest regards,

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

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

B.S.

(b) (6), (b) (7)(C) Research Compliance

Institutional Animal Care and Use Committee (IACUC) Administrator
IACUC Training Coordinator

☎ (b) (6), (b) (7)(C) ☎: 757-446-6019 | ✉ (b) (6), (b) (7)(C)@evms.edu |

Eastern Virginia Medical School | OFFICE OF RESEARCH | WWW.EVMS.EDU |

E. V. (b) (7)(F) Norfolk, VA 23510 |

Begin forwarded message:

From: "Boone, Bonnie - APHIS"

Date: October 28, 2020 at 6:34:25 PM EDT

To: (b) (6), (b) (7)(C)

Cc: (b) (6), (b) (7)(C)

Subject: [EXTERNAL] USDA Registration Renewal

Hello All,

I was not certain who to send this to so I sent to all hoping it will get to the correct person. This is a courtesy e-mail to see if you need assistance renewing your USDA Animal Care Registration. I have attached a renewal registration packet that you can fill out and return to animalcare@usda.gov Please feel free to contact me if you need further assistance.

Regards, Bonnie

Bonnie Boone, D.V.M.

Veterinary Medical Officer

Asian American & Pacific Islander SEPM,

Civil Rights & Diversity Advisory Committee

USDA APHIS Animal Care

OKLAHOMA

(501) 351-8587

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From: (b) (6), (b) (7)(C)
To:
Subject:
Date: Saturday, November 07, 2020 18:18:12
Attachment 1: SKM_C654e20110718180.pdf

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	
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Eastern Virginia Medical School 358 Mowbray Arch, P.O. Box 1980 Norfolk, VA 23501 County: Norfolk City COUNTY: TELEPHONE (757) 446-5600		2. LOCATION(S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES <i>(Use additional sheets if necessary)</i> <div style="background-color: black; color: red; padding: 2px;">(b) (7)(F)</div> Norfolk, VA 23507 County: Norfolk City	
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) N/A		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: N/A	
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 type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) <u>Medical School</u>	
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)	for Research/Institutional Official	(b) (7)(F)	
(b) (6), (b) (7)(C)	Attending Veterinarian	(b) (7)(F)	

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.

1. <div style="background-color: black; color: red; padding: 2px;">(b) (6), (b) (7)(C)</div>	12. DATE SIGNED 11-5-20
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ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

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: Eastern Virginia Medical School (EVMS)

EIN: 54-6055378

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