

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Subject: USDA registration for UW- Madison
Date: Tuesday, January 5, 2021 12:48:41 PM
Attachments: [USDA Registration.pdf](#)

Hello,

Attached is the registration paperwork for University of Wisconsin-Madison. Please feel free to contact me if you have questions.

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

1710 University Ave.
Madison, WI 53726

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

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

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.

USDA USE ONLY

OMB APPROVED 0579-0036

Applicant should send completed form to this address:

USDA/APHIS/AC
2150 Centre Ave.
Building B, Mailstop 3W11

Certificate Number and Customer Number:
35-R-0001
616

Renewal Date:

United States Department of Agriculture
Animal and Plant Health Inspection Service
APPLICATION FOR REGISTRATION UPDATE
(TYPE OR PRINT)

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).

1. Type of registration requested:

☐ Intermediate Handler ☐ Carrier ☒ Research Facility ☐ Federal Research Facility ☐ Agricultural Research Facility ☐ Veterans' Administration

2. Type of organization:

☐ Individual ☐ Corporation ☐ Partnership ☒ University ☐ LLC ☐ Sole Proprietor ☐ Trust ☐ Other _____

3. Type of public: (select one)

☒ State, Local, Tribal Government ☐ Business Or Other For-Profit ☐ Not-For-Profit Institution ☐ Farm ☐ Foreign Or Domestic Federal Government
☐ Individual Or Household

4. Name of Registrant and Mailing Address: (See Instructions)

University of Wisconsin-Madison
Research Animal Resources and Compliance
1710 University Ave., 396 Enzyme Institute
Madison, WI 53726

9. All Business Names and Location Addresses Housing Animals:

Include directions to each location (P.O. Box not acceptable)
☐ Check this box if additional locations are listed on an additional sheet.

(b) (7)(F)

5. County:

Dane

10. County:

Dane

6. Telephone:

608-265-2695

11. Telephone number at this location:

608-263-2400

7. ☐ Residential address☒ Non-residential address

12. Optimal hours for inspection at this location: (days of the week and times of day)

7:30 am- 4:30 pm M-F

8. EMAIL:

welter@rarc.wisc.edu

13. WEBSITE:

www.research.wisc.edu

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.

☐ Check this box if additional persons are listed on an additional sheet.

Name

Title

Address (full address including zip code)

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

(b) (7)(F)

Certification

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.

15. Signature

16. Name and title (type or print)

17. Date signed

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

January 5, 2021

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OMB Approved
0579-0036

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

Federal Debt Collection Form

Clear form

1: State Wisconsin - WI

2: Customer Number: 616

3: Certificate Number: 35-R-001

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 Name:

Name: Board of Regents of the University of Wisconsin System

5: Federal Taxpayer Identification Number

EIN or SSN: 39-1805963

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: