

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Subject: Fw: USDA AWA Annual Report DUE IMMEDIATELY!
Date: Monday, January 25, 2021 2:54:20 PM
Attachments: [image001.png](#)
[USDA renewal and report 2020.pdf](#)

(b) (6), (b) (7)(C) CVT | Program Technician-Veterinary Technology Dept.

VERMONT TECH

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

PO Box 500 | Randolph Center, VT 05061

From: (b) (6), (b) (7)(C) [@vtc.edu](mailto:(b) (6), (b) (7)(C)@vtc.edu)>
Sent: Friday, December 4, 2020 8:44 AM
To: Marks, Andrea K - APHIS <Andrea.K.Marks@usda.gov>; (b) (6), (b) (7)(C) [vtc.vsc.edu](mailto:(b) (6), (b) (7)(C)@vtc.vsc.edu)>
Subject: Re: USDA AWA Annual Report DUE IMMEDIATELY!

I am heading to the post office now to put this in the mail, but I did want to forward this PDF copy just in case.

Thank you!

(b) (6), (b) (7)(C) CVT | Program Technician-Veterinary Technology Dept.

VERMONT TECH

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

PO Box 500 | Randolph Center, VT 05061

From: Marks, Andrea K - APHIS <Andrea.K.Marks@usda.gov>
Sent: Wednesday, December 2, 2020 1:44 PM
To: (b) (6), (b) (7)(C) [vtc.vsc.edu](mailto:(b) (6), (b) (7)(C)@vtc.vsc.edu)>
C: (b) (6), (b) (7)(C) [@vtc.edu](mailto:(b) (6), (b) (7)(C)@vtc.edu)>
Subject: RE: USDA AWA Annual Report DUE IMMEDIATELY!

This message is from an external sender. Please be careful when clicking on links and attachments.

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

We have verified in our log and our online system that we have not received your annual report. If you can please resend it to us. I've attached the packet for you to fill out, sign, and return to our office. Please mail your annual report to:

USDA Animal Care
2150 Centre Avenue Building B, 3W11
Ft. Collins, Colorado 80526

Best,

Andrea K. Marks | Deputy Director

USDA | APHIS | Animal Care | Program Support

2150 Centre Avenue | Building B, 3W11 | Ft. Collins, Colorado | 80526

☎ 970-494-7525 | 📞 970-590-5331 | ✉ Andrea.K.Marks@usda.gov

From: (b) (6), (b) (7)(C)@vtc.vsc.edu>

Sent: Wednesday, December 2, 2020 10:00 AM

To: Marks, Andrea K - APHIS <Andrea.K.Marks@usda.gov>

Cc: (b) (6), (b) (7)(C)@vtc.edu>

Subject: Re: USDA AWA Annual Report DUE IMMEDIATELY!

Greetings:

Program Technicia (b) (6), (b) (7)(C) put it in the snail mail I believe in October. I am copying her to see if my timeframe is correct, and if there is other information we can provide to help you locate it, or if you cannot locate it, then we can scan and send you a copy.

(b) (6), (b) (7)(C) DVM, PhD

Program Director, Veterinary Technology

Associate Professor, Depts. of Science & of Veterinary Technology

VERMONT TECH

(b) (6), (b) (7)(C)@vtc.edu

PO Box 500 | Randolph Center, VT 05061

VERMONT STATE COLLEGES PRIVACY AND CONFIDENTIALITY NOTICE: This message is for the designated recipient only and may contain privileged or confidential information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of an email received in error is prohibited.

From: Marks, Andrea K - APHIS <Andrea.K.Marks@usda.gov>

Sent: Wednesday, December 2, 2020 9:23 AM

Subject: USDA AWA Annual Report DUE IMMEDIATELY!

This message is from an external sender. Please be careful when clicking on links and attachments.

Dear Registrant:

In accordance with the Animal Welfare Act (AWA), Subchapter A, Section 2.36; each reporting Research Facility must submit an Annual Report of Research Facilities (APHIS Form 7023) on or before December 1 to the USDA's Animal Care program office. Our records show that we have not received your annual report and you are in violation of the AWA.

SUBMIT YOUR ANNUAL REPORT IMMEDIATELY!

Annual reports can be submitted to the Animal Care's office by printing and mailing the appropriate forms to the office. See those forms attached. You may also submit your annual report or by entering using our eFile system. The eFile system and other annual report information can be found on our website at:
https://www.aphis.usda.gov/aphis/ourfocus/animalwelfare/SA_Obtain_Research_Facility_Annual_Report

Facilities that fail to submit an Annual Report to the AC office **by December 31st** are in violation of the AWA and could be subject of legal action. In addition to this email you will receive a physical annual report packet in the mail. If you have already submitted your annual report please disregard this message.

Contact our office at the Annual Report hotline 970-494-7477 or by email AnimalCare@usda.gov if you have any questions regarding this message or the AWA.

Best,

Andrea K. Marks | Deputy Director

USDA | APHIS | Animal Care | Program Support

2150 Centre Avenue | Building B, 3W11 | Ft. Collins, Colorado | 80526

📞 970-494-7525 | 📠 970-590-5331 | ✉️ Andrea.K.Marks@usda.gov

If mailing correspondence please use the following mailing address:

2150 Centre Ave., **Building B, 3W11**, Fort Collins CO, 80526

If emailing correspondence please use the following email address:

Animalcare@usda.gov

[Join the Animal Care Stakeholder Registry and receive emails on topics of interest](#)

We encourage Animal Care customers to utilize our online self-service tool to assist you in determining the appropriate application to complete as required under the Animal Welfare Act (AWA). Please visit efile.aphis.usda.gov/LRAAssistant to complete the 5 to 15 minute questionnaire that will recommend the specific license and/or registration types required (if any) and provides links to download those applications.

USDA – Do right and feed everyone! Stay connected with USDA!



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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:

13-R-0009

265

RENEWAL DATE

10-Sep-2020

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

Vermont Technical College
124 Admin Drive
Randolph Center, VT 05061

COUNTY: Orange TELEPHONE () -

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

N/A

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

Vermont Technical College
(b) (7)(F)
Randolph, VT 05061
County: Orange

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

13-R-0009

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) non-profit educational institute

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) | Program Director | Po Box 500 Randolph Ctr, VT 05061 |
| (b) (6), (b) (7)(C) | Department Chair | Po Box 500 Randolph Ctr, VT 05061 |
| (b) (6), (b) (7)(C) | Attending Veterinarian | Po Box 500 Randolph Ctr VT 05061 |
| Dat Moulton | IO, College President | Po Box 500 Randolph Ctr, VT 05061 |
| | | |
| | | |
| | | |

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.

10. SIGNATURE

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

11. NAME AND TITLE (Type or Print)

Patricia Moulton, President

12. DATE SIGNED

10/6/2020

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

All Site Addresses for Customer: 265

Site: 002, Vermont Technical College

(b) (7)(F)

Randolph, VT 05061

County: Orange

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 this information collection is estimated to average 2 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

This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year: 2020

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

REGISTRATION NUMBER: 13-R-009

Customer Number: 265

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)

Vermont Technical College
124 Admin Drive
Randolph Ctr. VT 05061

Telephone: 802-728-1000

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (Sites) See Attached Listing

(b) (7)(F)

(If necessary, use APHIS FORM 7023A.)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress on these animals and the reasons such drugs were not used must be attached to this report.) | F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E) |
|---|---|--|---|--|---|
| 4. Dogs | 0 | 0 | 25 | 0 | 25 |
| 5. Cats | 0 | 0 | 57 | 0 | 57 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 0 | 4 | 0 | 4 |
| 9. Non-human Primates | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| Cattle | 0 | 8 | 0 | 0 | 8 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |
| Horses | 0 | 5 | 0 | 0 | 5 |
| Reptiles | 0 | 4 | 0 | 0 | 4 |
| Rats | 0 | 0 | 8 | 0 | 8 |

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- Each principal investigator has considered alternatives to painful procedures.
- This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator, and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (L.R.O.))
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

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

NAME AND TITLE OF C.E.O. OR L.R.O. (Type or Print)

Patricia Manton

DATE SIGNED

10/16/2020

APHIS FORM 7023
JUL 2013

APHIS Form 7023 Site Addendum for FY:

Registration Number:
Customer ID Number:

Facility Business Address Information:

Telephone:

Facilities Site(s) Address Information:

Site Code(s):

STATE:

CUSTOMER #:

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: Vermont State Colleges

EIN: 03-0213787

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: _____