

RE: REGISTRATION CANCELLATION Certificate Number: 86-R-0005 Cancellation Date: 06/11/2019

chair, interim veterinaria

6n offer head by Rise for Animals? Uptoaded 07/06

Certified Mail Return Receipt: 7016 0340 0000 4932 6098 October 1, 2019 Customer ID Number: 1045

United States Department of Agriculture

Animal and Plant Health Inspection Service

2150 Centre Avenue Building B Mailstop 3W1 1 Fort. Collins, CO 80526 Northern Arizona University Box 4087 Flagstaff, AZ 86011

Dear Registrant:

Our records indicate that your facility has failed to submit an updated registration form, as required in Title 9 CFR, Section 2.25, and is therefore in violation of the regulations.

Accordingly, you must immediately submit an updated APHIS Form 7011. However, if your facility is no longer conducting regulated activities, you need to submit a letter to this office requesting termination of your registration.

Please note that if we do not receive a response within 20 days from receipt of this letter, your certificate number will be cancelled. To conduct activities without a valid registration is a violation of the Animal Welfare Act; those who do so are subject to prosecution.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (970) 494-7478 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Robert net 11.

10-10-19 Spoke w/ Sean

IACUC

Leslie 1

Robert M. Gibbens, D. V. M. Director, Animal Welfare Operations USDA, APHIS, Animal Carc

cc: Naomi K Sismour

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Office of Research Compliance

Rm 221 Peterson Hall, 805 S. Beaver St.,PO Box 4137, Flagstaff, AZ 86011-4137 Ph: 928-523-6117 Fax: 928-523-1607

Oct. 10, 2019

Animal Health Inspection Service, USDA 2150 Centre Ave Building B Mailstop 3W11 Fort Collins, CO 80526

Dear

We apologize for the delay in filling our updated USDA registration. We have enclosed an updated APHIS Form 7011.

Northern Arizona University is committed to protecting the welfare of animals used in research and appreciates the guidance and assistance provided by USDA in this regard. Should you have any questions or concerns, please contact Tad Theimer, PhD, IACUC Chair or David Faguy, PhD, Institutional Official.

Sincerely,

David Faguy, Ph.D., Institutional Official Animal Care and Use Assistant Vice President for Research Compliance

David.Faguy@nau.edu

Every research facility, exhibitor, carrier, and intermediate handler not required to Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). provides information for such registration.	boliconsed under This application		OMB No. 0579-0036 FORM APPROVED
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)		USDA USE O	
		Applicant should send completed form to this address. USDA APHIS ANIMAL CARE WESTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478	
<b>REGISTRATION UPDAT</b>	E		
		<b>CERTIFICATE NO./CUST NO:</b> 86-R-0005 1045	RENEWAL DATE
REGISTRANT (Name and permanent mailing address, including Zip Cod	le)	2. LOCATION (S) OF BUSINESS, EXHIBITION SI (Use additional sheets if necessary)	TE(s). OR RESEARCH FACILITIES
Northern Arizona University Box 4087 Flagstaff, AZ 86011		Biological Sciences Annex Flagstaff, AZ 86011 County: Coconino	
COUNTY: COCONINO TELEPHONE (928) 523 - 4340 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	6. TYPE OF RE		
RESEARCH, TESTS, OR EXPERIMENTS	Class E -		mediate Handler
Yes No		-Research Facility <sup>◇</sup> Class T - Carri	the second second
7. FEDERAL FUND TYPES: ◇ Award ◇ Contract ◎ Grant ◇ Loan	8. TYPE OF OR	hip 🏾 🛇 Corporation 🔷 In	ndividual
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHI		ARTNER OR OFFICER, IF CORPORATION, IDENTIFY P	RINCIPAL
OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INST	TITUTIONAL OFFICIA	L (Use separate sheet if needed) C. ADDRESS (full address.	including 7/B Code)
Tad Theimer IACUC	Char,	Naul Dept. of Biological Science	
Dale DeNardo Intervina	A Attendie	(9)	
Animal	Cure Mar	Lave Manager NAW, Box 5640, Flagstaff Az 8601	
David Fagury Io	ice of Research Compliance		
I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handle to the best of my knowledge. I hereby acknowledge receipt of and agree to comp		elfare Act, 7 U.S.C., 2131 et seq. and I certify that the infor	
18 years of age or older, 10. SIGNATURE		NAME AND TITLE (Type or Print)	12. DATE SIGNED

APHIS FORM 7011 (FEB 2009)