From: [redacted]
To: APHIS-AnimalCare
Subject: [External Email]Registration Update for Canisius College
Date: Friday, September 9, 2022 4:15:52 PM
Attachments: USDA Registration Update-Canisius College-2022.pdf

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[External Email]
If this message comes from an **unexpected sender** or references a **vague/unexpected topic;**
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Good Afternoon,

Please see the attached Registration Update Form as we are changing the chair of our IACUC and institutional official. Please let me know if there are any additional information that I can supply or additional forms that are necessary to complete this process.

Thanks,

[redacted]

[redacted]
Outgoing Chair, IACUC
Associate Professor of Biology
Canisius College

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:	Renewal Date:
304	

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)*
Canisius College
2001 Main Street
Buffalo, NY 14208

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.

5. County:
United States

10. County:
New York

6. Telephone:
716-888-2770

11. Telephone number at this location:
716-888-2720

7. ☐ Residential address ☒ Non-residential address

12. Optimal hours for inspection at this location: (days of the week and times of day)
M-F 9 A.M.-5 P.M.

8. EMAIL:
[redacted]@canisius.edu

13. WEBSITE:
https://www.canisius.edu/

14. If [illegible]ify 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)
Sara Morris	Academic Vice President	2001 Main St. Buffalo, NY 14208

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
[redacted]	[redacted] IACUC Chair	9/8/22

APHIS FORM 7011
NOV 2020

2023-APHIS-01403-F 000109