

From: (b) (6), (b) (7)(C)
To: APHIS-AnimalCare
Cc: animalcare@miamioh.edu
Subject: [External Email]Registration Update
Date: Tuesday, September 20, 2022 11:51:11 AM
Attachments: image002.png
2022_09_20_USDA Registration update.pdf

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
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Hello,

I have been managing the USDA registration, annual reports, and updates for our facilities since about 2008 and am now moving on.

I have attached a registration update form.

Basically, it specifies Susan McDowell as the Institutional Official

In addition the registration name could be changed from Miami University – OARS to Miami University - ORI
(The office title has changed)

If it matters, the new day-to-day contact person will now be:

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

Office for Research and Innovation

501 E High St

102 Roudebush Hall, Miami University

Oxford, OH 45056

E-mail: (b) (6), (b) (7)(C)@miamioh.edu

Phone: (b) (6), (b) (7)(C) Fax: (b) (6), (b) (7)(C)

Thanks,

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

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

Director: Research Ethics and Integrity Program

Miami University

102e Roudebush Hall

Oxford, OH 45056

(b) (6), (b) (7)(C) @MiamiOH.edu (b) (6), (b) (7)(C) Fax: (b) (6), (b) (7)(C)



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: Nbr: 31-R-0029 Renewal Date: 20-Sep-22																						
United States Department of Agriculture Animal and Plant Health Inspection Service APPLICATION FOR REGISTRATION UPDATE (TYPE OR PRINT)																								
<i>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).</i>																								
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) Miami University – OARS (update to Miami University - ORI) 102 Roudebush Hall Oxford, OH 45056		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. Laboratory Animal Resources Facility 90 N. Patterson Ave Oxford, OH 45056																						
5. County: Butler		10. County: Butler																						
6. Telephone: Telephone: (513) 523 3600		11. Telephone number at this location: (b) (6), (b) (7)(C)																						
7. ☐ Residential address ☒ Non-residential address		12. Optimal hours for inspection at this location: (days of the week and times of day) 8 AM - 5 PM																						
8. EMAIL: suttonja@miamioh.edu		13. WEBSITE: https://compliancemiamioh.com/ac01.html																						
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Title</th> <th style="width: 34%;">Address (full address including zip code)</th> </tr> </thead> <tbody> <tr> <td>Susan McDowell</td> <td>Vice President for Research and Innovation Institutional Official</td> <td>Miami University – ORI, 102 Roudebush Hall 501 E. High St, Oxford, OH 45056</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Title	Address (full address including zip code)	Susan McDowell	Vice President for Research and Innovation Institutional Official	Miami University – ORI, 102 Roudebush Hall 501 E. High St, Oxford, OH 45056															
Name	Title	Address (full address including zip code)																						
Susan McDowell	Vice President for Research and Innovation Institutional Official	Miami University – ORI, 102 Roudebush Hall 501 E. High St, Oxford, OH 45056																						
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.																								
16. Name and title (type or print) (b) (6), (b) (7)(C) Susan McDowell Vice-President for Research and Innovation		17. Date signed 20-Sep-22																						

APHIS FORM 7011
NOV 2020

Additional Locations, Facilities, Premises, or Sites

If you checked "Additional locations are listed on an additional sheet" in box 9, then please use this template to provide the supplemental information.

P.O. Box addresses are not acceptable. Applications listing P.O. boxes will be returned.

Additional Site 1:

Site Name	Ecology Research Center
Address Line 1	5806 Somerville Road
Address Line 2	
Address Line 3	
City	Oxford
State	OH
County	Butler
Zip Code	Oxford, OH 45056
Phone	(b) (5), (b) (7)(C)
Optimal Hours for Inspection	8-5 (in conjunction with main facility inspection)

☐ Residential Address ☒ Non-Residential Address

Additional Site 2:

Site Name	
Address Line 1	
Address Line 2	
Address Line 3	
City	
State	
County	
Zip Code	
Phone	
Optimal Hours for Inspection	

☐ Residential Address ☐ Non-Residential Address