

From: (b) (6), (b) (7)(C)
To: APHIS-AnimalCare
Subject: [External Email]Re: Univ of Hawaii- Question on Registration Renewal Submission
Date: Monday, August 1, 2022 5:05:42 PM

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;
Use caution before clicking links or opening attachments.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Hello,

I wanted to follow up on these emails below from 7/11 and 7/18. I also left a voice message about this at the office. I am working on our registration renewal for the University of Hawaii as a Class R Research Facility. I wanted to clarify the accepted methods of submission. Your "update" application instructions initially says on page 1 that you are accepting updates by email at this address. The Federal Debt Collection instructions on page 13 says to mail in original forms only in blue or black ink. Can you please clarify if I can send the entire application and Federal Debt Collection form in by email or if it all has to go via the USPS?
Thank you,

On Mon, Jul 18, 2022 at 9:56 AM Diana Talerico <(b) (6), (b) (7)(C)@hawaii.edu> wrote:

Hello,

I wanted to follow up on this question below from 7/11. I also left a voice message about this at the office.

Thank you,

On Mon, Jul 11, 2022 at 2:12 PM Diana Talerico <(b) (6), (b) (7)(C)@hawaii.edu> wrote:

Hello,

I am working on our registration renewal for the University of Hawaii as a Class R Research Facility. I wanted to clarify the accepted methods of submission. Your "update" application instructions initially says on page 1 that you are accepting updates by email at this address. The Federal Debt Collection instructions on page 13 says to mail in original forms only in blue or black ink. Can you please clarify if I can send the entire application and Federal Debt Collection form in by email or if it all has to go via the USPS?

Thank you,

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

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

University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program
2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446
Email: (b) (6), (b) (7)(C)@hawaii.edu

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

University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program
2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446
Email: [REDACTED]@hawaii.edu

--

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

University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program
2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446
Email: [REDACTED]@hawaii.edu

From: (b) (6), (b) (7)(C)
To: [APHIS-AnimalCare](#)
Cc: [Victoria Rivera](#)
Subject: [External Email]University of Hawaii - Registration Renewal Application
Date: Monday, August 1, 2022 5:52:34 PM
Attachments: [Univ of Hawaii Nov 2022 registration-update-application-7.11.22 signed.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.
Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Hello,

On behalf of Victoria Rivera, our Institutional Official, please see our attached Registration Renewal Application for Customer #19, Certificate # 95-R-0002. I have included a scanned, wet signature page as well as a digital signature page for the form 7011 just to ensure you have what you need to process our renewal.

Thank you and please let me know if there are any questions.

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

--

(b) (6), (b) (7)(C)
University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program
2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446
Email: (b) (6), (b) (7)(C)@hawaii.edu

<p>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.</p>		USDA USE ONLY		OMB APPROVED 0579-0036																						
<p>Applicant should send completed form to this address:</p> <p>USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11</p>		<p>Certificate Number and Customer Number: 95-R-0002</p>		<p>Renewal Date: 11/30/2022</p>																						
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<p>3. Type of public: (select one) <input checked="" type="checkbox"/> State, Local, Tribal Government <input type="checkbox"/> Business Or Other For-Profit <input type="checkbox"/> Not-For-Profit Institution <input type="checkbox"/> Farm <input type="checkbox"/> Foreign Or Domestic Federal Government <input type="checkbox"/> Individual Or Household</p>																										
<p>4. Name of Registrant and Mailing Address: (See Instructions) University of Hawaii Office of Research Compliance Animal Welfare Program 2425 Campus Road, Sinclair 10 Honolulu, HI 96822</p>			<p>9. All Business Names and Location Addresses Housing Animals: Include directions to each location (P.O. Box not acceptable) <input checked="" type="checkbox"/> Check this box if additional locations are listed on an additional sheet. University of Hawaii Animal and Veterinary Services Biomedical Science Bldg Honolulu, HI 96822</p>																							
<p>5. County: <div style="text-align: center;">Honolulu</div></p>			<p>10. County: <div style="text-align: center;">Honolulu</div></p>																							
<p>6. Telephone: <div style="text-align: center;">808-956-4446</div></p>			<p>11. Telephone number at this location: <div style="text-align: center;">808-956-4444</div></p>																							
<p>7. <input type="checkbox"/> Residential address <input checked="" type="checkbox"/> Non-residential address</p>			<p>12. Optimal hours for inspection at this location: (days of the week and times of day) <div style="text-align: center;">Mon-Fri 8am-3pm</div></p>																							
<p>8. EMAIL: <div style="text-align: center;">awp@hawaii.edu</div></p>			<p>13. WEBSITE: <div style="text-align: center;">https://research.hawaii.edu/orc/animal-welfare/</div></p>																							
<p>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. <input checked="" type="checkbox"/> Check this box if additional persons are listed on an additional sheet.</p> <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: 33%;">Address (full address including zip code)</th> </tr> </thead> <tbody> <tr> <td>Victoria Rivera</td> <td>Institutional Official</td> <td>2425 Campus Road, Sinclair 10 Honolulu, HI 96822</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)	Victoria Rivera	Institutional Official	2425 Campus Road, Sinclair 10 Honolulu, HI 96822															
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<p>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.</p>																										
<p>15. Signature <div style="background-color: black; color: red; padding: 5px; font-weight: bold;">(b) (6), (b) (7)(C)</div> </p>		<p>16. Name and title (type or print) Victoria Rivera, Director, Office of Research Compliance</p>		<p>17. Date signed <div style="text-align: center;">7/13/2022</div></p>																						

APHIS FORM 7011
NOV 2020

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<p>15. Signature Victoria Rivera <small>Digitally signed by Victoria Rivera Date: 2022.07.12 10:14:39 -1000'</small></p>		<p>16. Name and title (type or print) Victoria Rivera, Director, Office of Research Compliance</p>																						
<p>17. Date signed 7/12/2022</p>																								

APHIS FORM 7011
NOV 2020

INSTRUCTIONS – APPLICATION FOR REGISTRATION – APHIS FORM 7011

GENERAL INSTRUCTIONS:

- Original applications with original signatures must be submitted.
- All required blocks must be completed in blue or black ink for the application to be processed. If a block does not apply, write "N/A".
- Incomplete or incorrect applications will be returned for correction which can cause delays in the registration process.
- Tax Identification Sheets (APHIS FORM 7030) must be completed and submitted with an application for the application to be considered complete.

APHIS FORM 7011 INSTRUCTIONS:

Block 1: Select only one box of the regulated activity you will be conducting. For more information on determining the type of registration please see *Part 2, subpart A* of the Animal Welfare Act regulations.

Block 2: Check the one box which best describes your type of organization; if "Other", please identify.

Block 3: Select the one type of public which best fits your organization.

Block 4: "Registrant" means 'business name' or 'name of owner(s)'. If "Individual" is checked in block 7, write the name and mailing address of the owner (only one name may appear). If "Corporation" or "Other" is checked in block 7, write the entity's full business name and mailing address. If "Partnership" is marked in block 7, all partners' names or their business name must be entered and one mailing address.

Block 5: List the county that the mailing address (listed in Block 4) is located in.

Block 6: List the telephone number.

Block 7: Select if the address listed in Block 4 is a residential (home) or non-residential (business) address.

Block 8: Write the email address in which this registration is associated to.

Block 9: List ALL D/B/A names and physical addresses where regulated animals and/or transport vehicles are located. A post office box is not acceptable. Please attach additional sheets if there is more than one site location to be identified in this block. **Do not leave blank.**

Block 10: List the county that the physical address (listed in Block 9) is located in.

Block 11: List the telephone number for each physical located.

Block 12: List the days and times of the week in which there is an optimal hour(s) for inspection.

Block 13: List the website that the registration is associated with.

Block 14: If applying as an individual, list the owner and any individuals you would like listed as authorized contacts. If applying as a "Partnership," "Corporation," or "Other," enter the names and titles of all partners or corporate officers authorized to conduct business. Attach additional sheets, if necessary. All persons listed on the application must be 18 years of age or older. **If applying as a research facility, you must identify the "Institutional Official" as defined in the Animal Welfare Regulations Part 1 – Definition of Terms.**

Read the CERTIFICATION statement before signing this application.

Block 15: The signature must be of the owner in block 1 for "Individual" applicants or an authorized person shown in block 8 for a "Partnership," "Corporation," or "Other" applicant.

Block 16: Print the name and title of the person who signed the form in Block 15.

Block 17: Enter the date the application is signed.

PLEASE CONTACT THE OFFICE AT 970-494-7478 IF YOU HAVE ANY QUESTIONS

Privacy Act Notice

Authority: The Animal Welfare Act (AWA), 7 U.S.C. 2131 *et seq.*, and the regulations issued thereunder, 9 CFR parts 1 through 4; and the Horse Protection Act (HPA), 15 U.S.C. 1821 *et seq.*, and the regulations issued thereunder, 9 CFR parts 11 and 12.

Purpose: This system supports APHIS' administrative activities and enforcement of the AWA and HPA.

Routine Uses:

In addition to those disclosures generally permitted under 5 U.S.C. 552a (b) of the Privacy Act, records maintained in the system may be disclosed outside USDA as follows:

- (1) APHIS may disclose the name, city, State, license or registration type and/or status, or change of a license or registrant to any person pursuant to 9 CFR 2.38(c) and 2.127;
- (2) APHIS may disclose annual reports submitted to APHIS by licensees and research facilities to any person pursuant to 9 CFR 2.7 and 2.36;
- (3) APHIS may disclose inspection reports and other regulatory correspondence issued to licensees and registrants [from the agency] to any attending veterinarian in order to carry out duties under the AWA pursuant to 9 CFR 2.33 and 2.40;
- (4) APHIS may disclose the name, telephone number and other contact information, location, inspection reports, and regulatory and other correspondence of licensees, registrants, permittees, and applicants for the same, to appropriate Federal, foreign, State, local, Tribal, or other public authority agencies or officials, in order to carry out duties under the AWA or State, local, Tribal or other public authority on the same subject pursuant to 7 U.S.C. 2145(b);
- (5) APHIS may disclose inspection reports of licensees and registrants, and permit status, to any pet store or other entity that is required under State, local, Tribal, or other public authority to verify a licensee, registrant, or permittee's compliance with the AWA;
- (6) APHIS may disclose information to the National Academies of Sciences, Engineering, and Medicine, and any other research institution engaged or approved by the Department, to the extent APHIS deems the disclosure necessary to complete research and/or compile a report in furtherance of the Department's mission;
- (7) APHIS may disclose final adjudicatory AWA and HPA decisions or orders by an appropriate authority to any person;
- (8) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of persons (referred to as "Designated Qualified Persons" or "DQPs") that are or have been qualified to detect and diagnose a horse that is sore or otherwise inspect horses for purposes of enforcing the HPA and of horse industry organizations or associations (referred to as "HIOs") that have currently or have had in the past DQP programs certified by the USDA;
- (9) APHIS may disclose to any regulated horse owner, HIO, and other entities responsible for licensure or required to verify compliance with the HPA, HPA inspection findings and regulatory and other correspondence issued to persons or entities regulated under the HPA;
- (10) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of any person or entity who has been disqualified, suspended, and/or otherwise prohibited from showing or exhibiting any horse, or judging or managing any horse show, horse exhibition, horse sale, or horse auction under the HPA and the terms of such action;
- (11) APHIS may disclose to any person the name, city, and State or other information to the extent necessary for proper identification of any regulated individual or entity whose license or permit has been suspended, revoked, expired, terminated, or denied under the AWA and the terms of such action;
- (12) APHIS may disclose to appropriate law enforcement agencies, entities, and persons, whether Federal, foreign, State, local, or Tribal, or other public authority responsible for enforcing, investigating, or prosecuting an alleged violation or a violation of law or charged with enforcing, implementing, or complying with a statute, rule, regulation, or order issued pursuant thereto, when a record in this system on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or court order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity;
- (13) APHIS may disclose to the Department of Justice when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee, or the United States, in litigation, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected;
- (14) APHIS may disclose information in this system of records to a court or adjudicative body in administrative, civil, or criminal proceedings when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are to be for a purpose that is compatible with the purpose for which the agency collected the records;
- (15) APHIS may disclose information from this system of records to appropriate agencies, entities, and persons when: (a) USDA suspects or has confirmed that there has been a breach of the system of records; (b) USDA has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, USDA (including its information systems, programs, and operations), the Federal Government, or national security; and (c) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with USDA's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm;
- (16) APHIS may disclose information from this system of records to another Federal agency or Federal entity, when the USDA determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (a) responding to a suspected or confirmed breach or (b) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach;
- (17) APHIS may disclose information in this system of records to USDA contractors and other parties engaged to assist in administering the program, analyzing data, developing information management systems, processing Freedom of Information Act requests, and conducting audits. Such contractors and other parties will be bound by the nondisclosure provisions of the Privacy Act;
- (18) APHIS may disclose information in this system of records to USDA contractors, partner agency employees or contractors, or private industry employed to identify patterns, trends, or anomalies indicative of fraud, waste, or abuse;
- (19) APHIS may disclose information in this system of records to a Congressional office from the record of an individual in response to any inquiry from that Congressional office made at the written request of the individual to whom the record pertains;
- (20) APHIS may disclose information in this system of records to the National Archives and Records Administration or to the General Services Administration for records management activities conducted under 44 U.S.C. 2904 and 2906; and
- (21) APHIS may disclose information in this system of records to the Treasury Department as necessary to carry out any and all functions within their jurisdiction, including but not limited to, processing payments, fees, collections, penalties, and offsets.

Disclosure: Furnishing this information is voluntary; however, failure to furnish this information may impede your ability to comply with the requirements of the Animal Welfare Act, regulations, and standards.

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	University of Hawaii
Address Line 1	Animal and Veterinary Services
Address Line 2	Biosciences Bldg, John A. Burns School of Medicine
Address Line 3	651 Ilalo Street
City	Honolulu
State	HI
County	Honolulu
Zip Code	96813
Phone	(b) (6), (b) (7)(C)
Optimal Hours for Inspection	Mon-Fri 8am-3pm

☐ Residential Address ☒ Non-Residential Address

Additional Site 2:

Site Name	Waikiki Aquarium
Address Line 1	2777 Kalakaua Avenue
Address Line 2	
Address Line 3	
City	Honolulu
State	HI
County	Honolulu
Zip Code	96815
Phone	(b) (6), (b) (7)(C)
Optimal Hours for Inspection	Mon-Fri 8am-3pm

☐ Residential Address ☒ Non-Residential Address

Additional Site 3:

Site Name	Windward Community College
Address Line 1	47-720 Kea'ahala Road
Address Line 2	
Address Line 3	
City	Kaneohe
State	HI
County	Honolulu
Zip Code	96744
Phone	(808) 231-1100
Optimal Hours for Inspection	Mon-Fri 8am-3pm

☐ Residential Address ☒ Non-Residential Address

Additional Site 4:

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

Additional Site 5:

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

<p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required 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 .25 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.</p>		<p>OMB Approved 0579-0036</p>
<p>United States Department of Agriculture Animal and Plant Health Inspection Service Animal Care</p> <p align="center">Federal Debt Collection Form</p>		
<p>1: State Hawaii</p>		<p>2: Customer Number: 19</p>
		<p>3. Certificate Number: 95-R-0002</p>
<p>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.</p>		
<p>New license/registration applications: You must submit your SSN or EIN using this form.</p>		
<p>Renewing license/registration applications:</p> <ul style="list-style-type: none"> 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. 		
<p>If the license/registration certificate is issued to a corporation or partnership, all partners' names and SSN or EIN must be listed.</p>		
<p>4: Business Name or Individual Name or Partner Name:</p>		<p>5: Federal Taxpayer Identification Number</p>
<p>Name: University of Hawaii at Manoa</p>		<p>EIN or SSN: 99-6000354</p>
<p>Name: NA</p>		<p>EIN or SSN: NA</p>
<p>Name: NA</p>		<p>EIN or SSN: NA</p>
<p>Name: NA</p>		<p>EIN or SSN: NA</p>
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<p>Name: NA</p>		<p>EIN or SSN: NA</p>
<p>Name: NA</p>		<p>EIN or SSN: NA</p>
<p>Name: NA</p>		<p>EIN or SSN: NA</p>

APHIS Form 7030

OCT 2018

From: [REDACTED]
To: [APHIS-AnimalCare](#)
Cc: [Victoria Rivera](#)
Subject: Re: FW: [External Email]University of Hawaii - Registration Renewal Application
Date: Monday, August 1, 2022 7:37:40 PM
Attachments: [image.png](#)

Thank you very much and I apologize for missing your last email. I receive quite a few email updates from APHIS on a daily basis so it must have been missed.
Thank you for clarifying that our registration will not expire and that we should notify you of any changes.

Can you please confirm if you have this site below listed as part of our current registration? Your inspectors do visit this site when they come to Hawaii, but I did not see this site listed on our previous annual reports that have been submitted to you. If you do not have this site noted on our registration, then it needs to be added.
Thank you,
[REDACTED]

Additional Site 1:

Site Name	University of Hawaii
Address Line 1	Animal and Veterinary Services
Address Line 2	Biosciences Bldg. John A. Burns School of Medicine
Address Line 3	651 Ilalo Street
City	Honolulu
State	HI
County	Honolulu
Zip Code	96813
Phone	[REDACTED]
Optimal Hours for Inspection	Mon-Fri 8am-3pm

☐ Residential Address ☒ Non-Residential Address

On Mon, Aug 1, 2022 at 12:57 PM APHIS-AnimalCare <AnimalCare@usda.gov> wrote:

Hi [REDACTED],

Please see the attached correspondence informing you that it is no longer required to submit a registration update for research registrations and asking you to not submit a registration update for University of Hawaii but instead send written correspondence for site or contact updates. The correspondence was sent by Animal Care on 7/18/22. Your registration update cannot be processed. Please contact our office by phone at (970) 494-7478 if you have further questions. Thank you.

Sincerely,

Program Support

USDA APHIS Animal Care

Phone: (970) 494-7478

Please send all paperwork to our new mailing address:

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

Our previous email addresses have been combined. For future communication, please use:

Email: Animalcare@usda.gov

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

We are happy to announce that we have introduced an online self-service tool to assist you in determining the appropriate application to complete as required under the Animal Welfare Act (AWA).

Visit efile.aphis.usda.gov/LRAssistant 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.

From: (b) (6), (b) (7)(C) <(b) (6), (b) (7)(C)@hawaii.edu>

Sent: Monday, August 1, 2022 3:52 PM

To: APHIS-AnimalCare <AnimalCare@usda.gov>

Cc: Victoria Rivera <(b) (6), (b) (7)(C)@hawaii.edu>

Subject: [External Email]University of Hawaii - Registration Renewal Application

[External Email]

If this message comes from an **unexpected sender** or references a **vague/unexpected topic**;

Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: Spam.Abuse@usda.gov

Hello,

On behalf of Victoria Rivera, our Institutional Official, please see our attached Registration Renewal Application for Customer #19, Certificate # 95-R-0002. I have included a scanned, wet signature page as well as a digital signature page for the form 7011 just to ensure you have what you need to process our renewal.

Thank you and please let me know if there are any questions.

[REDACTED]

--

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

University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program

2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446

Email: [REDACTED]@hawaii.edu

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--

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

University of Hawaii, Office of Research Compliance
Manager, Animal Welfare and Biosafety Program

2425 Campus Road, Sinclair 10
Honolulu, HI 96822
Office: 808-956-4446

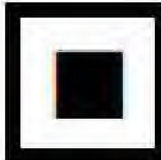
Email: [REDACTED]@hawaii.edu

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Residential Address



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