



June 19, 2019

USDA APHIS ANIMAL CARE
Eastern Region
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210

Dear Dr. Goldentyer:

Enclosed please find the completed USDA Registration Update for the State University of New York, University at Albany. There are two changes in the data for our Institution (APHIS Form 7011) as follows:

Block 1) Mailing address for USDA all reports, registrations, updates:

University at Albany – State University of New York
[REDACTED]
Office of Regulatory and Research Compliance
1400 Washington Ave, MSC 100E
Albany, NY 12222
County: Albany [REDACTED]

Block 2) The University at Albany has two physical animal locations:

University at Albany – State University of New York
Life Sciences Research Building
1400 Washington Ave
Albany, NY 12222
[REDACTED]

AND

University at Albany – State University of New York
Cancer Research Center
1 Discovery Drive
Rensselaer, NY 12144
[REDACTED]

If additional information is needed, or if there are any questions, please contact me at [REDACTED]
[REDACTED]

Sincerely,
[REDACTED]

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

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
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

CERTIFICATE NO./CUST NO:

21-R-0065

393

RENEWAL DATE

23-Jun-2019

1. REGISTRANT (Name and permanent mailing address, including Zip Code)
University at Albany - State University of New York

Office of Regulatory and Research Compliance
1400 Washington Ave, MSC 100E
Albany, NY 12222

COUNTY: Albany

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

Life Sciences Research Bldg
1400 Washington Ave
Albany, NY 12222
County: Albany

Cancer Research Center
1 Discovery Drive
Rensselaer, NY 12144
County: Rensselaer

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) (If you have one, list it):

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

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) Public University

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)
					University at Albany, DOR 1400 Washington Ave, Albany, NY 12222

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

12. DATE SIGNED

June 19, 2019

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

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: Public University] University at Albany, State Univ. of NY
[REDACTED]

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: _____

August 25, 2014