

AUG 24 2017

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 <table border="1"> <tr> <td>CERTIFICATE NO./CUST NO: 21-R-0103 330</td> <td>RENEWAL DATE 21-Aug-2017 vmc</td> </tr> </table>	CERTIFICATE NO./CUST NO: 21-R-0103 330	RENEWAL DATE 21-Aug-2017 vmc
CERTIFICATE NO./CUST NO: 21-R-0103 330	RENEWAL DATE 21-Aug-2017 vmc			
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Albany Medical College Animal Resources Facility 47 New Scotland Avenue Albany, NY 12208 COUNTY: ALBANY TELEPHONE (518) 262 - 5389		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) Animal Resources Facility 47 New Scotland Ave. (b) (7)(F) Albany, NY 12208 County: Albany		
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 RESEARCH, TESTS, OR EXPERIMENTS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. TYPE OF REGISTRATION: <input type="checkbox"/> Class E – Exhibitor <input type="checkbox"/> Class H – Intermediate Handler <input type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T - Carrier			
7. FEDERAL FUND TYPES: <input type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Grant <input type="checkbox"/> Loan	8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____			
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)		
(b) (6), (b) (7)(C)		Albany medical College 47 New Scotland Ave. Albany, NY 12208		

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.

1. (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) (b) (6), (b) (7)(C)	12. DATE SIGNED 08/23/2017
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APHIS FORM 7011
(FEB 2009)



Inspection Report

Albany Medical College
Animal Resources Facility
47 New Scotland Avenue
Albany, NY 12208

Customer ID: **330**

Certificate: **21-R-0103**

Site: 001

NEIL HELLMAN BUILDING

Type: ROUTINE INSPECTION

Date: 08-AUG-2017

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Prepared By:

LUPO KERI, D V M USDA, APHIS, Animal Care

Date:

08-AUG-2017

Title: VETERINARY MEDICAL OFFICER 6023

Received By:

Title: SENT VIA EMAIL
19-04382_000002

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

Obtained by Rise for Animals. Uploaded 07/08/2020

Date:

08-AUG-2017



Cust No	Cert No	Site	Site Name	Inspection
330	21-R-0103	001	ALBANY MEDICAL COLLEGE	08-AUG-17

Count	Species
000002	RHESUS MACAQUE
000002	Total



Inspection Report

Albany Medical College
Animal Resources Facility
47 New Scotland Avenue
Albany, NY 12208

Customer ID: **330**

Certificate: **21-R-0103**

Site: 001

NEIL HELLMAN BUILDING

Type: ROUTINE INSPECTION

Date: 20-AUG-2018

No non-compliant items identified during this inspection.

This inspection and exit interview were conducted with the facility representative.

Prepared By:

LUPO KERI, D V M USDA, APHIS, Animal Care

Date:
23-AUG-2018

Title: VETERINARY MEDICAL OFFICER 6023

Received By:

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

Obtained by Rise for Animals. Uploaded 07/08/2020

Title: SENT VIA EMAIL
19-04382_000004

Date:
23-AUG-2018



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
330	21-R-0103	001	NEIL HELLMAN BUILDING	20-AUG-18

No Animals were Inspected.

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	