U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRAL (TYPE OR PRINT) REGISTRATION UPDATE I. REGISTRANT (Name and permanent mailing address, including Zip Code) University Of California-San Diego Animal Wolfere Program: Mail Code 0071 JACUC 0 9500 Gilman Drive La Jolla, CA 92093 0071		Applicant should send completed form to USDA APHIS ANIMAL CARE WESTERN 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117 (970) 494-7478 CERTIFICATE NO./CUST NO: 93-R-0437 9196		
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I. REGISTRANT (Name and permanent mailing address, including Zip Code) University Of California-San Diego Animal Wolfere Program: Mail Code 0071 TACUC O 9500 Gilman Drive		93-R-0437 9196 2. LOCATION (S) OF BUSINESS, EXHIBITION SITI		
University Of California-San Diego Animal Wolfare Program, Mail Code 0071 IACUC O 9500 Gilman Drive				
Artimat Wolfere Program: Mail Code 0071 TACUC O 9500 Gilman Drive	ffice	(Use additional sheets if necessary)	E(s), OR RESEARCH FACILITIES	
0.111.015.00		General Campus La Jolla, CA 92093 County: San Diego		
county: SAN DIEGO TELEPHONE (858) 534 - 6655 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST		
Alm		N/A		
s. ARE YOU USING FEDERAL FUNDS TO CARRY OUT	6. TYPE OF RE	GISTRATION:		
RESEARCH, TESTS, OR EXPERIMENTS	O Class E -	Exhibitor Class H - Intern	nediate Handler	
⊠ Yes □ No	[⊚] Class R –	[⊚] Class R – Research Facility		
Award ★Contract ★Grant ◇ Loan ◇		TYPE OF ORGANIZATION: Partnership		
9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTIT	IDENTIFY EACH PA	RTNER OR OFFICER, IF CORPORATION, IDENTIFY PRI	NCIPAL	
A. NAME B. T	ITLE	C. ADDRESS (fi.al address, incl	luding ZIP Code)	
(b) (6), (b) ((7)(29500 Gilmo		
hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler	CERTIFIC:	elfare Act, 7 U.S.C., 2131 et seg, and I certify that the inform	nation provided herein is true and corre	
to the best of my knowledge. I hereby acknowledge receipt of and agree to comply 18 years of age or older,	with all the regulation	is and standards contained in 9 CFR, Subpart A, parts 1, 2	and 3. I certify that all listed persons a	
(b) (6), (b) (7)(C)	11.	NAME AND TITLE (Type or Print) (b) (6) (b) (7)(C)	12. DATE SIGNED	

APHIS FORM 7011 (FEB 2009)



United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection

EXPIRATION DATE: SEPTEMBER 15, 2020

This is to certify that

UNIVERSITY OF CALIFORNIA-SAN DIEGO

is a registered

under the CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

93-R-0437

Customer No.

9196

Deputy Administrator