



**Executive Vice President for
Research and Partnerships**

July 10, 2017

Elizabeth Goldentyer, DVM
Regional Director – Animal Care
Eastern Region
USDA/APHIS-AC
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210

Dear Dr. Goldentyer:

Please find attached a registration update for Purdue University's USDA
Registration #32-R-0007.

Please feel free to contact my office should you have any questions regarding
this renewal application.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard M. Zelaznik".

Howard Zelaznik, Ph.D.
Assoc. Vice President for Research
Institutional Official

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:
32-R-0007

779

RENEWAL DATE

24-Aug-2017

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Purdue University
410 South University St
West Lafayette, IN 47907

COUNTY: TIPPECANOE TELEPHONE (765) 494 - 9163

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

All Campus Sites
West Lafayette, IN 47906
County: Tippecanoe

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

32-R-0007

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

N/A

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

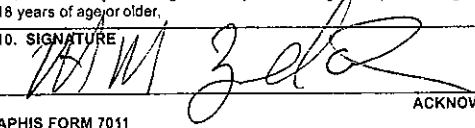
8. TYPE OF ORGANIZATION:

☐ Partnership ☐ Corporation ☐ Individual
☒ Other (Specify) 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)
Howard Zelaznik, Ph.D.	Institutional Official / Vice President for Research	610 Purdue Mall Hovde Hall West Lafayette, IN 47907

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


11. NAME AND TITLE (Type or Print)
Howard Zelaznik, PhD
Institutional Official

12. DATE SIGNED

APHIS FORM 7011
(FEB 2009)

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS

Obtained by Rise for Animals. Uploaded 07/18/2020

DEPARTMENT/FACILITY LOCATIONS

Registration Number: 32-R-0007

UNIT
Animal Sciences / LSA
Animal Sciences Research and Education Center – Units: POUL, SHEEP, DAIRY, BEEF (Calvert & Scholer Farms), SWINE, & LBRU
Bindley Bioscience Center / BIND
Biological Sciences / LSA & Ross Reserve
Biomedical Engineering / MJIS & LYNN
Forestry & Natural Resources / AQUA, WACF
Hansen Life Science Research Center / HANS
Nutrition Sciences / LSA
Pharmacy / RHPH
Psychological Sciences / PSYC & PRCE
Veterinary Medicine / various buildings
Various Farm Sites (SIPAC, Feldun, Winchester, Veterinary Farm)
Amatsigroup (Terre Haute, IN)

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.

Your SSN or EIN will no longer appear on the renewal form because of new security procedures. However, to renew, you must submit your SSN or EIN number on the attached sheet, titled, IMPORTANT. If the number submitted does not match your previously submitted number, you will be contacted for clarification. Thank you for your cooperation.

Corporation Name: Purdue University
EIN: 35-6002041
Or

Partnership Legal Name: _____
EIN: _____
Or

Individual: Name: _____ SSN: _____
Or

Partnership:
Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____

Partner Name: _____ SSN: _____



United States
Department of
Agriculture

Marketing &
Regulatory
Programs Business
Services

Animal and
Plant Health
Inspection
Service

Animal Care

920 Main Campus
Drive, Suite 200
Raleigh, NC
27606-5213
Tel. 919-855-7100
Fax: 919-855-7123

RE: NEW REGISTRATION APPROVAL

Certificate Number: 32-R-0007

Renewal Date: 08/24/2020

July 21, 2017

Customer ID Number: 779

Howard Z Zelaznik Ph D
Purdue University
410 South University St
West Lafayette, IN 47907

Dear Registrant:

We are pleased to enclose your Animal Welfare Act(AWA) registration certificate and a copy of APHIS Form 7011. As the information in the application packet we previously provided you indicates, the AWA requires that you update your registration every 3 years. We will notify you prior to the expiration date so that you have ample time to fulfill this requirement.

It is required that you notify us by certified mail of any changes of name, address, management, or substantial control of ownership in your business within 10 days of any such changes.

In addition, research facilities are required to submit an annual report on or before December 1 that documents all regulated activities that took place the previous fiscal year, which runs from October 1 to September 30. We will provide the necessary forms to file the annual report on or about September 15.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Elizabeth Goldentyer, D. V. M.
Director, Animal Welfare Operations
USDA, APHIS, Animal Care

cc: Kerry Mchenry

Enclosures



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR REGISTRATION (TYPE OR PRINT)		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
REGISTRATION UPDATE		JUL 15 2017
1. REGISTRANT (Name and permanent mailing address, including Zip Code) Purdue University 410 South University St West Lafayette, IN 47907 COUNTY: TIPPECANOE TELEPHONE (765) 494 - 9163		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES (Use additional sheets if necessary) All Campus Sites West Lafayette, IN 47906 County: Tippecanoe
3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY) <div style="font-size: large; font-family: cursive;">32-R-0007</div>		4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST: <div style="font-size: large; font-family: cursive;">N/A</div>
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 checked="" type="checkbox"/> Class R – Research Facility <input type="checkbox"/> Class T – Carrier
7. FEDERAL FUND TYPES: <input checked="" type="checkbox"/> Award <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Loan		8. TYPE OF ORGANIZATION: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (Specify) <u>University</u>
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)		
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Howard Zelaznik, Ph.D.	Institutional Official / Vice President for Research	610 Purdue Mall Hovde Hall West Lafayette, IN 47907

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10. SIGNATURE 	11. NAME AND TITLE (Type or Print) Howard Zelaznik, Ph.D. Institutional Official	12. DATE SIGNED
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