



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: AUGUST 23, 2022

This is to certify that ARIZONA STATE UNIVERSITY

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

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

Certificate No. 86-R-0002

Customer No. 1043

A handwritten signature in black ink, appearing to read "Elizabeth Golduty".

Deputy Administrator

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
WESTERN
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117
(970) 494-7478

CERTIFICATE NO./CUST NO:
86-R-0002

1043

RENEWAL DATE

23-Aug-2019

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

Arizona State University
P. O. Box 2204
Tempe, AZ 85287

COUNTY: Maricopa TELEPHONE (480) 965 - 4385

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

Dept.Ac&Tech./Arec 1648 N Country Club Dr,
Mesa, AZ [Biodesign Bld B](Ls B, Bldg Wing)
Interdis Science & Tech Bld. 1
Tempe, AZ 85287
County: Maricopa

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

 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)

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)
Tamara Deuser	Associate Vice President Research (Institutional Official)	P.O. Box 876011, Tempe, Az 85287

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


11. NAME AND TITLE (Type or Print)
Tamara Deuser, Associate Vice President (Institutional Official)

12. DATE SIGNED
07/30/19

ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS