

# APPROVAL FOR USE OF LIVING VERTEBRATE ANIMALS

## INITIAL APPLICATION

New York State Department of Health  
Wadsworth Center, David Axelrod Institute  
Laboratory Animal Welfare Program  
120 New Scotland Avenue  
Albany, New York 12208  
Email: [AWP@health.ny.gov](mailto:AWP@health.ny.gov)

### SECTION I – INSTITUTION INFORMATION

Primary Animal Housing Location Information

Institution Name:

Name of Certificate Holder (which will appear on annual certificate):

See: 10 NYCRR § 55-1.3 <https://regs.health.ny.gov/content/section-55-13-method-approval>

Title of Certificate Holder (President, Chancellor, VP of Research, etc.):

USPS Mailing Address (Number and Street):

City, Town or Village:

State:

Zip Code:

County:

Telephone Number:

Email Address:

Workdays / Hours (please clarify hours as AM or PM):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Ownership:  Corporation  Government  Individual  Not For Profit  Partnership  
 Other

Facility Type:  2 Year College  4 Year College  Clinical or Environmental Lab  Hospital  
 Medical School  Product Testing Lab  Public Health Lab  Research & Development Lab  
 Veterinary School  Other

**SECTION II – ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED\***

Site Name:

USPS Mailing Address (Number and Street):

City, Town or Village:

State:

Zip Code:

County:

Telephone Number:

Email Address:

\*Attach information for additional sites as necessary.

**SECTION III – PROGRAM INFORMATION**

Are you currently housing live animals at your institution?  Yes  No

Animals housed:  Mice (genus *mus*)  Mice other:

Rats genus *rattus*  Rats other:

Hamsters  Guinea Pigs  Rabbits  Cats  Dogs  Small Birds  Fish  Poultry

Sheep/goats  Cattle  Swine  Non-human Primates

Other

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?  Yes  No

LAWP permits are issued to institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to care for those animals properly and humanely.

Does your laboratory/institution have an Animal Care Committee?  Yes  No

Living animals are used for (select all that apply):

Diagnostic Procedures

Education/Teaching Demonstrations  Experimentation  Farm Production  Public Display

Public Health/Disease Surveillance  Other

Registration/Accreditation Type(s):  AAALAC Accredited  USDA Registered  None

Other

**SECTION IV – PERSONNEL INFORMATION**

Name of Veterinarian in Charge:

USPS Mailing Address (Number and Street):

City, Town or Village:	State:	Zip Code:	County:
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Telephone Number:	Email Address:
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Workdays/Hours:  Fulltime/Permanent  Part time  
 Part time AV's or consulting AV's must indicate average monthly hours on-site:

	Workdays / Hours (please clarify hours as AM or PM):						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Program Contact Name (person to whom annual renewal applications and certificates will be sent):

Preferred USPS mailing address (Number and Street) for ALL LAWP correspondence:

City, Town or Village:	State:	Zip code:	County:
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Telephone Number:	Email Address:
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	Workdays / Hours (please clarify hours as AM or PM):						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

**SECTION V - ATTESTATION**

I have read *10 NYCRR Subpart 55-1* concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable, and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules, and regulations.

I understand by signing this application I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation or inspection conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

\_\_\_\_\_  
Name of Certificate Holder

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Date