20-02528_000015

USDA

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: JANUARY 09, 2023

This is to certify that

MURRAY STATE COLLEGE

CLASS R RESEARCH FACILITY

is a registered
under the

Animal Welfare Act
(7 U.S.C. 2131 et seq.)

Certificate No.   73-R-0016

Customer No.   1389

Deputy Administrator

APHIS FORM 7021 (NOV 99)

Previous editions are obsolete

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:	RENEWAL DATE
73-R-0016	9-Jan-2020
1389	

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

Murray State College
One Murray Campus Ste V T 100
Tishomingo, OK 73460

COUNTY: Johnston   TELEPHONE (580) 371-9844 387-7520

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

(b) (7)(F)

County: Johnston

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) College / Veterinary Technology

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)*
Joy McDaniel	College President	One Murray Campus Tishomingo, OK 73460

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

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.

	11. NAME AND TITLE *(Type or Print)*	12. DATE SIGNED
(b) (6), (b) (7)(C)		12/18/19

APHIS FORM 7017
(FEB 2009)

20-02528_000016