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## USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that

FORT VALLEY STATE UNIVERSITY

**EXPIRATION DATE: JANUARY 25, 2023** 

CLASS R RESEARCH FACILITY

is a registered under the

## Animal Welfare Act

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

Certificate No.

57-R-0017

Elipard Golday

Customer No

885

Deputy Administrator

APHIS FORM 7021 (NOV 99)

Previous editions are obsolely

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
APPLICATION FOR REGISTRATION  (TYPE OR PRINT)  REGISTRATION UPDATE		USDA USE ONLY  Applicant should send completed form to this address. USDA APHIS ANIMAL CARE EASTERN 2150 Centre Ave. Building B, Mailstop #3W11 Fort Collins, CO 80526-8117 (970) 494-7478	
		CERTIFICATE NO./CUST NO: 57-R-0017	RENEWAL DATE 25-Jan-2020
1. REGISTRANT (Name and permanent mailing address, including Zip Code)  Fort Valley State University Po Box 4370 Department Of Veterinary Science Fort Valley, GA 31030  COUNTY: Peach TELEPHONE () - 478 - 825 - 6424  3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)		2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES (Use additional sheets if necessary)  (	
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  9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDE OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUT	8. TYPE OF ORGANIZATION:  Partnership Corporation Individual  Other (Specify) Laucationa Institution  DENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL  JTIONAL OFFICIAL (Use separate sheet if needed)		
Dr. Paul Jones Rusident		1005 State University Dr. 4+. Valley, 60 3(030	
(b) (6), (b) (7	7)((	C), (b) (7	<u>')(F)</u>
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 knowled years of age or older. 12. DATE SIGNED

20-02528\_000014

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