



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: JANUARY 26, 2023

This is to certify that JACKSON IMMUNORESEARCH LABS INC

is a registered CLASS R RESEARCH FACILITY
under the

Animal Welfare Act

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

Certificate No. 23-R-0114

Customer No. 358

A handwritten signature in black ink, reading "Elizabeth Golduty". The signature is written in a cursive style with a large, looped "Z" at the beginning and a long, sweeping underline.

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

CERTIFICATE NO./CUST NO:
23-R-0114
358

RENEWAL DATE
26-Jan-2020
26 JAN 23

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

Jackson Immunoresearch Labs Inc
872 W Baltimore Pike
West Grove, PA 19390

COUNTY: Chester TELEPHONE (610) 869 - 4067

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

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

872 West Baltimore Pike
West Grove, PA 19390
County: Chester

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)
Ralph C. Hood Jr	President, IO	872 W. Baltimore Pike, West Grove PA 19390

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

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. (b) (6), (b) (7)(C)	11. NAME AND TITLE (Type or Print) Ralph C Hood, President	12. DATE SIGNED 1/14/2020
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