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)			1	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				
REGISTRATION UPDATE							
			CEI 74-R 1472	R-0066	NO./CUST NO:	RENEWAL DATE 6-May-2020	
REGISTRANT (Name and permanent mailing address, including Zip Code)			2.10	CATION (S) OF DU	IONIFO BULLDING		
University Of Texas-Dallas P. O. Box 830688 M/S M P 15 Richardson, TX 75083			2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(s), OR RESEARCH FACILITIES (Use additional sheets if necessary)				
COUNTY: Dallas TELEPHONE (972) 883 - 2313 3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)			4 (D)	(B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:			
74-R-0066		4. (B)	ACTIVE USDA CE	ERTIFICATE NUMBER(S) II	N WHICH YOU HAVE AN INTEREST:		
5. ARE YOU USING FEDERAL FUNDS TO CARRY OL	6. TYPE OF REGIST	TRATION	N:				
RESEARCH, TESTS, OR EXPERIMENTS		♦ Class E – Ex	♦ Class E – Exhibitor ♦ Class H – Intermediate Handler				
Yes		Class R – Research Facility Class T - Carrier					
7. FEDERAL FUND TYPES:	8. TYPE OF ORGANIZATION:						
♦ Award ♦ Contract ♦ Grant ♦ Loan		♦ Partnership	Partnership ♦ Corporation ♦ Individual				
All, except loan			ecify) Research facility (University)				
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. TITL		Ī	C.	ADDRESS (full address, inclu	iding ZIP Code)	
(b) (b), (b) (7)(C)	(b) (7)(0)	C)		(b) (6), (k	o) (7)(C)		
		F 100 100 100 100 100 100 100 100 100 10					
			+				
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							

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,

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

Rigitally signed by Cynthia Tralmer

11. NAME AND TITLE (Type or Print)

12. DATE SIGNED 4/20/2020

APHIS FORM 7011 (FEB 2009) ACKNOWLEDGEMENT OF RECEIPT OF REGULATIONS AND STANDARDS